

[illegible] B. Magnuson and patient

[illegible] Joe [illegible]

Ring the Night Bell

THE AUTOBIOGRAPHY OF
A SURGEON

by
PAUL B MAGNUSON

EDITED BY
FINLEY PETER DUNNE JR



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LONDON MELBOURNE TORONTO

William Heinemann Ltd
LONDON MELBOURNE TORONTO
CAPE TOWN AUCKLAND
THE HAGUE

First published in Great Britain 1961
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Printed in Great Britain
by The Hollen Street Press Limited
London W 1

Preface

Old men love to tell about the great feats of their younger years, and I am no exception. James Monahan and his wife Lois Mattox Miller found that out several years ago when they came to Washington to prepare a *Reader's Digest* article on what we had been doing in Veterans Administration medicine to bring good medical care to our fighting men back from overseas. Far from seeming bored with my tales, they said, "Paul, put those stories on a tape; they're too good to be lost." So, that is what I did, and they have continued to make invaluable suggestions as the book developed.

My gratitude goes also to my friend, that sage and eloquent commentator on the nation's progress, Arthur Krock, who read most of the manuscript and suggested the title of this book.

I am indebted likewise to Sam Stavisky an ex-Marine, a first rate Washington newspaperman, and my stanch supporter during my service with the Veterans Administration, for consistently encouraging me to tell without hesitation the hitherto unpublished story of my struggle against entrenched bureaucracy and for allowing us to use his own records of those embattled days.

The episodes I have recorded here probably haven't lost any color in the telling but they are all true as I remember them, and have been checked in every particular by Lola Winters, my faithful friend and secretary for many years. She guarantees the veracity of all of them, except the circumstances of my birth,

which she is sure took place, judging by the suffering she has had at my hands for many years since. I thank her as I have often failed to do, for putting me right.

My story has been edited by Finley Peter Dunne, Jr., who has organized it in book form and translated my tape-recorded words into written English — a task I never would have had the patience or skill to do.

Many others have helped tremendously including particularly Robinson E. Adkins, my chief administrative officer in the Veterans Administration, and my son, Paul B. Magnuson, Jr., who has had to use considerable time, patience and diplomacy to get the book to meet its deadline.

Most of all, thanks to everyone who has laughed or gotten moist-eyed when some of the stories were told.

Ring the Night Bell

Chapter One

WHEN I WAS A STRUGGLING YOUNG DOCTOR in Chicago in the year 1911 I had the great good fortune to be assistant to Dr William E. Schroeder on his surgical service at Wesley Memorial Hospital. When I say "struggling" I mean just that, because Dr Schroeder followed the custom of the time by not paying me anything My reward was what I could learn from him, which was plenty My girl, who had been my girl back home in St. Paul since I was fifteen years old, and who had loyally encouraged me through my last three years of high school, two of college and three of medical school, had come to Chicago a year earlier as my wife. Now we had a baby son. Believe me, I felt my responsibilities deeply

The source of my income, such as it was, was a little office I had over a saloon across the street from the entrance to the stockyards. Both the Union Stock Yard Company and the Chicago Junction Railway which handled all the cattle trains and other freight in and around the yards, paid me a small retainer for taking care of any of their men who got hurt on the job, and people in that neighborhood were beginning to come to me when they had anything they thought a surgeon could fix. Most of them being poor working people, my fees averaged about a dollar and a half and very often the patient could pay me nothing at all. A boy named Jimmy O'Connor was one of the latter kind.

Jimmy went trespassing into the stockyards one night and

fell under the wheels of a moving cattle car. The timekeeper on that part of the yards telephoned me at our apartment. I hauled myself out of bed, got dressed in the dark to avoid unnecessarily disturbing the baby, who had been having the colic, cranked up my little green Maxwell car and drove to the hospital through the silent streets. It was 2 A.M.

They had the injured boy in Emergency. I judged that he was about seventeen years old. He was a fearful sight. His right arm was completely severed near the elbow; there was nothing to do about it except clean the stump and sew it up. The left arm was a dangling mass of splintered bone and crushed, lacerated tissues. Both the forearm bones, the radius and the ulna, were shattered. Jagged pieces and even parts of the whole bones were sticking out through the flesh. I worked practically all night on that arm, trying to get it cleaned up, doing what is now known as a debridement. I plucked out the loose splinters, removed the crushed tissues as far as possible, tied off the ruptured blood vessels and put on a large dressing and a splint. He still had sensation in his fingers, so I knew the nerves were not destroyed.

In the morning, I had an X-ray made and took it up to my chief, who came down and looked at the left arm while I dressed it.

"Well, Maggie," Dr. Schroeder said, "you might as well take the arm off now, because you'll have to take it off sooner or later."

Dr. Schroeder to my mind was one of the greatest surgeons living. I had then and have now the greatest respect for his knowledge and ability. Every bit of common sense I owned told me that he was undoubtedly right. But when I looked at that boy lying on the table, and realized he would be perfectly helpless if he lost both his arms, something rose up inside me. It was not just sympathy for the patient. That left arm was to me a challenge. It didn't matter to me what Dr. Schroeder thought, and of course it didn't matter one particle that I was never going to get paid a penny for whatever I was able to

do. I wanted that boy to have an arm and, more important, I thought there was a chance that I could fix one for him.

"Dr Schroeder" I said, "I d like to try every possible way to save the arm."

Dr Schroeder looked at me. He knew me well enough by this time to realize that if he had refused his permission, that would only have made me all the more determined to go ahead with it. He shrugged his shoulders. "All right, you can waste your own time if you want to but it is a waste of time."

I thanked him politely

It took almost a year to get Jimmy O'Connor's arm into usable shape. Before I was through, I had done a full-length bone graft on the radius, from the upper third clear down to the wrist joint. Not only was it the first bone graft ever done at Wesley Hospital, but nobody had ever known before that a bone fastened at just one end would grow I made the graft out of a piece of bone about the thickness of a man s little finger which I carved from the face of one of Jimmy's shins. I mortised it into his forearm, screwed it in place with ivory screws and got a firm fixation, and it took. I won t go into all the details now but when that boy finally walked out of that hospital, he was able to do a lot of things with his arm, including wielding a club, so it was possible for him to earn a living driving steers in the stockyards, which he did for many years.

From the time I was a little boy I had a tremendous curiosity to see things and do things, and always on my own, never as one of the crowd. And always, as far back as I can remember, when I wanted to do a thing and considered it within my capabilities, and they said "You can't," that just made me doubly determined to do it. On quite a few occasions in my life this stiff-necked attitude has made people mad. My enemies have called me everything from "that stubborn so-and-so" to names much less complimentary My friends have built up a reputation for me that I am a fighter As a matter of fact, I

never was a fighter for the sake of a fight. But I got into a few anyhow

At the end of World War II in 1945 after I had practiced surgery in Chicago for thirty-seven years I was really sitting pretty professionally and just about every other way So I started thinking about the hundreds of thousands of wounded and sick fighting men who were coming back from the theaters of war As soon as they were mustered out, the Army and Navy would no longer be responsible for them. They would be turned over to the Veterans Administration, and I knew that the VA Medical Department was a scandalous mess of bureaucracy and outrageously poor medical care. I thought I knew a way to get those boys decent treatment. Word of my interest got to General Omar Bradley and he asked me to come to Washington to help him reform the VA medical program. A friend of mine came out to see me on our farm west of Chicago.

"You d be an awful fool to go down there," he said. "Those bureaucrats will make mincemeat of you."

I never did know whether my friend really meant what he said or just wanted to throw a gauntlet down to me. I think it was the latter He understood me pretty well.

"Listen," I said, "there s a lot of soldiers and sailors that need somebody to go down there and do something for them. General Bradley seems to think I m the man for the job. If I can get a setup that will make it possible for me to accomplish anything, I m going"

The truth is, I felt I couldn t sleep nights if I didn't go. So that was how I got into one fight, and it really was a fight. It lasted five years. It made a lot of headlines, the biggest of which was when the bureaucrats finally got me fired from my job as Chief Medical Director of the VA. By then the fight was already won, except that the fight against bureaucracy and bureaucratic thinking is never won.

You ve got to keep on fighting them and fighting them. I don t like bureaucracy That s no secret.

How I got the way I am, I don't know Maybe the condition was congenital. My mother used to declare that when I was born (she had me on her own bed at home under a sheet, as any self respecting woman had her babies in those Victorian days) I wouldn't even let the doctor spank me to start me breathing

"No, sir," she said, "when you came out from under that sheet you were already kicking and hollering"

I was the second of four children. The oldest, my brother Mark, was three years my senior My sister Louise came along two years after me and the last was Ruth, five years behind Louise.

My father was born in Sweden, orphaned there as a child, and brought to a Minnesota prairie farm by his guardians when he was twelve years old. By the time he was fifteen, he had quit school and the farm to work in the general store in the little town of Atwater forty miles west of Minneapolis. My mother was a descendant of early Scottish and English settlers in Pennsylvania. She was a schoolteacher in her home community and when an uncle of hers went out to Minnesota as a contractor helping put through the Great Northern Railroad line, she came with him and taught school. My father by this time was keeping accounts for the general store. Somehow those two young people met, something sparked between them and they were married. Shortly afterwards, Father was offered a job with a firm of grain dealers in Minneapolis, and they moved to that city He was a success from the start, and among other things worked out a system of accounting that was standard in the highly complicated grain business until the development of automatic bookkeeping machinery many years later By 1884, he was well enough established to build a six room house in the suburb called Merriam Park, about halfway between St. Paul and Minneapolis, and there I was born on June 14 of that same year

I remember very well the day I decided what I was going to be in life. I can even date it pretty accurately It was just

a few days after Ruth was born, an event which interested me enormously because for some childish reason I had been pestering my mother to bring me a new baby sister and now she had done just exactly that. The year was 1891 and I was a rather runty and obstreperous seven.

My parents were determined that both their sons should have the finest professional training Mark was to become an engineer which in fact he did. As for me, my very religious mother at first thought it would be nice if little Paul were to wind up as a minister in the Presbyterian church. The worthy souls in some congregation somewhere have no idea how lucky they've been that it didn t turn out that way

On this particular day Mother was in the downstairs bedroom, and she was unhappy She had developed a very common *post partum* complication, an abscess of the breast. Although she did not complain vocally the lines on her forehead and the strained expression of her face disturbed me terribly I have always hated to see anyone suffering and she looked hurt.

My father was at his office, Mark was away somewhere, and although Louise was around, she was of course only five years old. Where the hired girl was, I don't know I felt a great weight of responsibility on me. I must have gone to the front window twenty times to see if the family doctor was coming At last I heard the wheels of her buggy scraping in our driveway and ran to let her in. Yes, "her" Dr Mary Hood, from Boston, one of the early women physicians in America, had her practice in Minneapolis and took care of all of us until we were grown. Like any other doctor she had a black bag bulging with medicine, instruments and dressings, and she smelled of phenol. I followed her into my mother's room and stood in the door while she examined the abscess. She took some instruments out of her bag carried them to the kitchen and put them in a pot on the stove to boil. When she returned to Mother's room, I was still tagging along after her She laid the sterilized instruments out neatly in a row on a clean towel on the bed

side table, and turned to look at me, where I stood in the door

"Are you the man in the family today?" she said.

I answered, "Yes, I am."

"Then you can help," she said.

I went over to the bed she handed me an enameled basin and showed me where to hold it, against my mother's breast, just beneath the inflamed area. I held it there while, with admirable precision and the utmost gentleness, she opened the abscess. I can still see the gushing of the pus.

Why this formed a fascination for a boy of seven I wouldn t know but it did. I heard my mother's sigh of relief and saw the look of pain disappear from her face. The thought in my mind was that here was a person who in one stroke relieved someone of terrific pain and made her comfortable, and that it must be wonderful to have someone look at you with deep gratitude, as my mother was looking at Dr Hood. I was impressed by the responsibility Dr Hood took upon herself and how my mother depended on her skill and judgment and I thought what a great man I would feel if people ever depended on my skill and judgment in that way That was when I made up my mind I was going to be a doctor

I took to carrying strips of torn linen and gauze for bandages in my pocket, and a pair of blunt-nosed bandage scissors, hoping I'd come on somebody hurt so I could fix them up. Not often being that lucky I imposed on my sister Louise, who was very patient with me and would sit for an hour at a time with her shoe off holding out her leg in its long black ribbed stocking while I tried different ways of bandaging her foot, ankle and knee. And I was a willing nursemaid to little Ruth in vacation times until she was pretty well grown. Mother used to dress her in the morning and say to me, "Now Paul, you begged for her so you must take care of her!" I suppose a good many boys would have hated that. Not me. Without protest I would put Ruth in her wicker carriage or, when she was a bit older, in my red express wagon, and ride her around

our grounds and up and down our street until she should have had corns on her little bottom.

Of course, being a child, I did not stick to my medical ambition unswervingly. There was quite a period when I thought I might be a jockey. But Mother, who spoke of Mark as "our future engineer," called me "our little doctor" and that helped to keep the idea alive, although there were times when no one except me would have predicted that I would ever make it into medicine.

Our small family was pretty comfortably off. Merriam Park during the years of our growing up was a pleasantly countrified suburban town. Our house stood on a good big piece of ground, with plenty of room to the side as well as out back, where the stable was. We always had horses and sometimes cows. There was a garden there where we raised most of our own vegetables, raspberries and gooseberries and fat Concord grapes from which my mother used to make the communion wine for the Presbyterian church, being careful to heat the juice to make sure it didn't ferment.

The house itself was constructed entirely of wood, as everything around there was, in those great days of the Minnesota lumber industry. I suppose there was more clear white pine in it than you would find in fifty houses nowadays. As we kids came along and Father's business prospered, it grew into a thirteen room house, sprawling and disjointed as many houses were at that period when people left most of the architectural details to the carpenter. However, it was extremely comfortable, with a formal parlor that nobody ever used, a big living room that everybody used, and a great dark, sweet smelling kitchen presided over by my mother and the hired girl.

It would be hard to imagine a place or a set of circumstances better suited to raising a family of healthy, well-adjusted young people. It came out just that way with my brother Mark. He was a brilliant student, a dutiful child and a very popular boy. Ruth, at the other end of the parade, was always gregarious and cheerful, nothing ever got her down or

made her gloomy But Louise and I, in the middle, always seemed to be at cross-purposes with the world as it was made. We were constantly getting into trouble; at least I was, because I had a much greater capacity for doing things that were against the rules than she did. Louise's role was that of my intensely loyal supporter Passionately honest by nature, she would lie her head off on my behalf if necessary She backed me in all my fights, and I got into plenty with my parents, my teachers and of course with other boys. There was one occasion when a boy had challenged me and I was getting ready to go down and meet him behind the grocery store. Louise wouldn t let me go until she had examined me to make sure my belt was tight and my shirt loose, and had got me to change from my regular boots into basketball shoes. And if it hadn't been for Louise sitting behind me in our high school history class, I never would have passed the course.

Discipline didn't work with me. My attitude was that a person could lead me anywhere with love, understanding and logic, but nobody was going to make me do anything I would not obey rules- rules were for the common herd, not for me. I disliked school and was a poor student, mainly because the teacher told us what to study and I wanted to make my own decision on that as on everything else. The same was true about team sports; they involved others, and I couldn't control all the others, so I didn t play

My attitude towards fist fights with other boys was equally out of tune with the popular ideas. I got into plenty of them, because I had a bigger mouth than I needed, and usually said too much and many times not in a pleasant way I never backed out of a fight, but once in one, I could not bring myself to land the final devastating punch even when I had the chance. The causing of injury never appealed to me. The sight of pain always aroused in me a desire to relieve it, not aggravate it. This was why when I was studying medicine, I stayed away from obstetrics at that time we had no effective way of easing the pains of childbirth.

My mother was one of the most positive-minded people I ever knew. Small and pretty solidly built, she was a truly rock-ribbed Presbyterian. To her there was always only one way to do a thing, one truth, one right. She believed every word of the Bible. Sunday was Sunday, a day on which we were never allowed to take part in any games or frivolous entertainment—to this very moment, if I let anybody persuade me to go to a movie on a Sunday, I am doing something that isn't right in my own mind. And she was sure there was no sin worse than taking a drink.

Yet, for all her positiveness, she was one of the most deeply charitable individuals I have ever known, continually helping people in trouble. We used to say she was interested in three C's—Church, Children and Charity. She was the soul of kindness to all of us, and particularly to me, because I needed more understanding than the others. She exercised the most profound and lasting influence on my life and ways of thinking. I regarded her with the deepest affection.

I remember very poignantly a beautiful tall bush of purple lilac that grew at the corner of our house at one end of the veranda. When I had done something Mother considered wrong she used to command me, more in sorrow than in anger:

"Paul, go to the lilac bush."

She meant I was to take my knife and cut a switch for my *own chastisement. I always brought back the slenderest twig* I could find, and she never switched me very hard. I never resented her punishing [illegible] during and after my punishment I kept right on thinking [illegible] disobedient thoughts.

As for my father, [illegible] He had a b[illegible] He was very thin, and [illegible] dressed in [illegible] made clothes which cost [illegible] wore a high [illegible] collar every [illegible] after [illegible] morning our [illegible] wa[illegible] as he [illegible] into a [illegible] M[illegible] Every mo[illegible] S[illegible] took the his [illegible] end [illegible]

We used to see him coming along the board sidewalk, trailed by a cloud of cigar smoke, and always smiling. Superficially at least nothing ever seemed to bother him, especially anything he couldn't correct. If it rained on a day we had planned to drive to Minnehaha Falls in the surrey for a picnic, it rained. If the thermometer hit 100 in the summer or 40 below in the winter then that's what it did. This attitude used to annoy my mother, who felt that if a thing was a calamity in her mind, it ought to be a calamity to everybody else.

One day when I was still quite small, word got back to our house by the neighborhood grapevine that a downtown bank of which Papa was a director had failed. Mother took us children aside and said, "Now you try to behave yourselves when Papa comes home tonight. He'll be awfully upset."

But when at his regular time he hove into view on our street, he seemed the same as usual. He came sauntering along with his hands in his pockets, smiling and whistling a tune.

"Papa!" Mother cried out, "you don't seem very worried. Don't you know what happened today?"

He looked up to where she stood at the top of the front steps.

"Yep. Bank busted. Supper ready?"

I will never forget my mother's look of exasperation.

In the evenings when supper was over he always took up his position in an old-fashioned platform rocker at the side of the living room, sitting up stiffly in his formal business suit, complete with waistcoat, watch fob and stiff wing collar. He had books piled around him on tables and sat there sometimes until one or two o'clock in the morning with a cigar between his teeth, smoking incessantly and so absorbed in his reading that we kids could be raising the very devil and his wife speak to him about something that seemed urgent to her and none of it got through to him.

Sometimes my mother after trying to attract his attention, burst out: "Papa! You didn't hear a word I said!"

That "Papa!" with a little emphasis on it usually penetrated his

mind, and he would grunt, look up and say "Were you speaking to me?"

"Yes, I am speaking to you," she replied with a sigh of annoyance, "but it doesn't do any good."

On the other hand, if he found some passage in his book that struck his fancy he would give a shout of delight: "Listen to this, Mama, listen to this!" And without waiting for an answer even though she was dozing in her big chair by the window he would read it right out.

He read every book he could lay his hands on that would give him a rounded knowledge and a clearer comprehension of the world as it existed fiction, history biography philosophy geography economics. With almost no formal schooling he was undoubtedly the best-educated man with whom I have enjoyed intimate contact.

His slender straight figure barricaded in the chair in the evening is a rather appealing picture to me now but it wasn't then. I regarded him as little more than another piece of furniture, with which I had no communication. I wanted him to notice me, and he never did except when I had done something that required him to discipline me. He usually showed his annoyance by pinching my arm. He had surprisingly strong hands, but I was just not amenable to discipline.

So I went my own way and did what I liked. I surely would have been poison to your modern "progressive" teachers who want children to conform and adapt themselves to what is called "the group" Well, I never heard of "the group" being elected President or saving the life of a sick man on the operating table

In school, besides not studying I started in first grade to earn a reputation as the official bad boy and puller of pranks, and thereafter was often honored by being blamed for other boys' acts of mischief This feature of my career built up to a climax one day when Jimmy Dickey the boy with whom I played more than any other committed an act of mischief and got caught at it. The teacher came down the aisle, stood between us, and said

"James Dickey I would have expected that of Paul Magnuson, but I never would have expected it of you."

My reaction, and to this day I remember it, was to look up at her coldly while I said under my breath.

"I'll show you, you old witch, before I get through!"

And I did. More than a dozen years later when I was given an honorary award at the University of Pennsylvania Medical School, I asked my father to go down to the school and tell Miss Austin about it.

One thing my family did approve of in me was that I always worked on Saturdays and during vacations from the time I was big enough to carry a basket of groceries. But I didn't always tell them what job I had. One was at the State Fair Grounds about three miles from our house, taking tickets at the race track. Another was occasionally ushering on Saturday afternoons at the Metropolitan Opera House in St. Paul, which was a typical American theater of those days, presenting touring companies in plays and vaudeville. I saw Wilton Lackaye there, E. H. Sothern and Julia Marlowe, Maude Adams and the wonderfully funny Sam Bernard. I had that job a whole year before Mother found out about it.

Mother was convinced that everybody at the race track was tough and everybody on the stage immoral. The sole exception to the latter in her mind, was a big fat female cousin of my father's who lived with us for a while and who was an opera singer of sorts. She used to practice her scales deafeningly in our house hour after hour, with the result that for years I was soured on opera. One of my duties was to help her tighten her stays. I would put my foot on her broad corseted rear and pull and pull on the corset strings, every now and then taking a French bight to keep them from slipping until her liver must have been squeezed completely out of shape. In after years, whenever I saw a liver like that in a woman I was operating on, with a deep indentation in one side where the whalebone had compressed it, I thought of that big Swedish nightingale.

What I really loved was everything to do with horses — riding them, driving them, caring for them. In our stable, Mark used to polish the harness, while I curried the animals. One way or another I always managed to have the use of a horse from the time I was big enough to climb into a saddle. My favorite costume was a blue shirt, tight pants stuffed into full-length riding boots and a plainsman's hat — not one of those ten-gallon things one sees on television, but a round-brimmed felt hat such as the real cowboys wore in those days when the Wild West was a very lively fact that existed not too far beyond where we lived.

When I was thirteen, I bought my own pony with money I had earned. He was half thoroughbred and half Morgan, about fifteen hands high and full of spirit, and he had a Roman nose. His name was Jimmy. He was a stubborn little devil, but he could single-foot faster than any horse his size I ever knew. My, how he could go! He could whip almost anything I ever saw off the race track. And I had him on the track once or twice.

The first time I ever saw Jimmy I was out on St. Anthony Avenue delivering handbills for the church. I was at the top of the hill and his owner was riding him up towards me, and I watched them come. When they were near I ran out in the road and stopped them and said, "Do you want to sell that pony?"

The man said, "Yes, sure. I'm just taking him down to winter him." He looked down at me. In those days I was pretty small. "I don't think you can handle him," he said.

"Oh, I can't, can't I?" I said. "Get off him and I'll get on and we'll find out."

So I got on the pony and worked him a little. He put up a little resistance at first but I showed him and the man I could handle him. I am convinced that that pony knew I loved him right then and there. I asked the man if he would let me take him to show to my father. He agreed, and I was out in front of the house sitting on the pony that evening at 6:30 when Father came home from his office.

He strolled up alongside and said, "Well, what's this?"

"Can I have him?" I said.

"Have you got enough money to pay for him?"

"Yes, I have."

He walked around and looked Jimmy in the face and sideways and said, "He's got a Roman nose. You'll have trouble with him."

"No, I won't," I said.

"I think you will."

"No. He likes me and I like him."

"Well, then, if you want him, why don't you buy him?" my father said.

That is what I did.

I paid the man thirty four dollars for Jimmy and he was just as difficult to handle as my father had predicted, for everybody except me. He was my horse, and everybody knew it. One time he developed a shoe-boil, the pain of which didn't improve his disposition, and nobody including the vet, dared enter his stall. Jimmy allowed me to come in without protest. He let me lance that boil. When he felt the knife, knowing it was I who was doing this to him, he never lifted a hoof or moved his head he just stood trembling

Until I went off to medical school Jimmy and I were inseparable. He took me all over town. I remember particularly the next summer which was 1898 when I was just past my fourteenth birthday riding him out north on Cleveland Avenue to Fort Snelling, on the St. Paul side of the river to show him off to the contingents of soldiers camped there on their way to fight the Spaniards. They were mostly Westerners of the type who made up Colonel Roosevelt's Rough Riders, and they proved to me they really knew horseflesh, because they never had anything but praise for Jimmy

I used to ride him out on the prairie west of town, galloping like the wind or just hacking along the two of us alone under the sky except for a bird or two and an occasional gopher or jackrabbit. Sometimes I would dismount and snare a gopher,

using a method I had employed since I had been old enough to get out there on foot. This was to drape a noose around a gopher hole and lie in wait flat on my stomach in the grass eight or ten feet away until the animal popped up. Then I would give a sharp yank on the cord, and that was the end of Mr Gopher This kind of hunting was considered all right, the gopher being a pest in that country but some of my mother's good ladies at the church would have been horrified if they had known that I habitually brought the carcass back to our barn and very carefully dissected it to see what had made the animal function. I honestly wanted to know and did my best to understand. I studied the organs and tissues really closely and I think this primitive do-it yourself course in biology taught me more about the arrangement of things in a mammal, and how the various tissues act when one tries to cut or slice or peel them, than I could ever have learned in a classroom.

I realize now that my parents were probably much more understanding of me than I gave them credit for They never seriously opposed me in undertakings that showed self reliance, like the time I bought Jimmy Of all the many notes I brought home from school about my conduct, the one for which I wasn t scolded said "Paul is inclined to take things too much into his own hands." I think my real trouble was that I didn t want to be a child, subject to the restrictions that applied to children. I wanted to be grown up and be a doctor And I always had perfect faith in myself in any situation. How could I fail? There was no chance of failure. I was *me!* Call this attitude inflated egoism, an inferiority complex, or what you will, the thoroughgoing habit of independence in thought and action which I developed is something I can t say I am sorry about — particularly in these days of the regimentation of almost everything and everybody

Chapter Two

My amenability didn't improve with the approach of adolescence. If I didn't like whatever I was involved in, I said so and usually walked out. Once I actually walked back from a canoe trip deep in the north woods near the Canadian border It was quite a walk.

Our camping party consisted of the pastor of our church, Mr. McLeod, a fine sturdy fellow who had been a great boxer and athlete at Princeton and whose sermons were real thunderers· our Sunday school superintendent, Mr Douty and another boy and myself I was fourteen years old. Equipped with two birchbark canoes and several hundred pounds of supplies and gear we set out to navigate the Vermillion River in northern Minnesota northwards towards Canada.

Everything would have been fine, except that it was July and that is the wrong month to be in those woods. When we got to our starting point on Lake Vermillion near a lumber camp, it had been raining for days, and it never stopped. The first day on the river we stove a hole in one of the canoes, and had to try to mend it with wet pitch, which was not my idea of a recreational pursuit. Our tents were only slightly waterproof, and the ground was so saturated with rain we couldn't have got dry anyhow The mosquitoes came in clouds. In August the night frosts keep them in check, but in July—! I had never seen them so thick and hungry We had no way of

with an upset stomach resulting from being too tired and eating too much, but if I'd had it to do over again, I d have done the same.

Speaking of eating my mother was an excellent cook, and saw to it that the hired girl was, too. They did me the favor of letting me try my hand at cooking sometimes. I still like to cook. There was one point when I developed a huge appetite for cream puffs and charlotte russe. Not having any money to buy them, I decided to make my own. This was a period when we had Jersey cows, so there was plenty of cream available free. My cream puffs may not have looked very fancy but they tasted better than any you could buy· they were filled with really rich whipped cream flavored with vanilla and the crust was good and puffy As for my charlotte russes, they were complete in every detail except for the maraschino cherry on top.

The food in our house was always ample and always delicious. On Saturday night we had baked beans as regularly as clock work, and they had been baked since Friday night in our coal stove with plenty of pork and molasses. If they weren't brown, they weren t good. In the morning before leaving for school we had bacon and eggs and wheat cakes doused in maple syrup my father had shipped to us from Vermont in gallon tins. Those wheat cakes were cooked on a great big iron griddle which stretched across two holes in the top of the range and could supply a family of four hungry youngsters as fast as they could eat.

My father insisted that we have a complete medical and dental examination at least twice a year whether we needed it or not. I am certain that Dr Hood considered him a crank on the subject, because we were a bunch of sound young animals and she never could find anything wrong with us. Father would never allow us to buy candy at the corner store, because it was colored and therefore must have some dye in it which he was sure was not healthy On the other hand, he took the position that homemade fudge and pull candy were

all right, because they were made of good sugar and butter and chocolate, and did not have dye in them.

I have to laugh now when I think of his own health habits. When patients have asked me, "Doctor how much exercise should I take? How much coffee should I drink? How much am I allowed to smoke?" I have been compelled to answer "I don't know I don t know what you can stand or what is good for you."

Then I'd tell them about my father who never exercised, lit one cigar from another drank eight or ten cups of coffee a day was never sick in bed in his life and died at eighty-nine.

One very sound custom he did have. Every day at noontime, he sat down at a table in a very nice restaurant in the Guarantee and Loan Building in Minneapolis, and had a good hot lunch served to him at a leisurely pace by a waiter who knew how to serve. The table was always laid with a white tablecloth, and he had a big linen napkin to spread across his knees. Never did I know him to grab a bite to eat at a lunch counter as so many people do he would rather have gone without food entirely Maybe that's a Helpful Health Hint.

There was one thing my father couldn't abide, though, and that was the marks I got in school. I just didn't see the connection between the stuff they were giving me in high school and a future in medicine. The results, especially when I had to take examinations, were sad. Father used to tutor me during vacations, hour after hour it seemed to me interminably He was determined to make me learn. He simply wasn t going to have a son of his failing in school.

The only high school activity I enjoyed at all was the dramatic club, and I went into that as an excuse for not going out for football and basketball. I am eternally grateful to it because it was through the dramatic club that I found my girl.

It turned out that I had a definite flair for acting: I have discovered since that there is a fair amount of ham in most surgeons, especially teachers of surgery At that point I had just got my growth all of a sudden, and at the same time my

voice changed into something somewhere between baritone and bass, and loud enough to be heard in the farthest corner of the assembly hall, where we gave our plays.

The performance that year was to be *The Rivals* and I had the role of Sir Anthony Absolute. About a dozen girls had tried out for the part of Lydia Languish, and by far the best of them, it seemed to me, was a girl named Alice Hasson, a little thing and tremendously witty and smart. I was terribly disappointed when the dramatic teacher told me Alice had refused the part, claiming it was too much for her. She was a new girl in school, her parents having moved to St. Paul during the summer from Cincinnati. She lived in the part of town called "The Hill," a much more fashionable neighborhood than ours, and her friends were not mine particularly so I knew her only slightly. But I had made my mind that she and nobody else was going to play Lydia Languish, so I told the dramatics teacher in my usual superconfident way: "I'll get her to do it!"

I went down right after school and found Alice in her classroom surrounded by several other girls. She was wearing a simple straight skirt and a white shirtwaist of a material which I knew was called voile very dainty with a little embroidery or lace at her throat and wrists. Her hair was a lovely soft brown, parted in the middle and wavy. She was perfectly poised and looked at me with obvious amusement as I came rushing up to her.

"Why won't you play Lydia Languish?" I demanded.

She laughed at me. "Just because! Bender, I told the dramatics teacher I wouldn't."

"You haven't answered my question. Why won't you take the part?"

"I couldn't do it well, that's why."

"Oh, yes, you can!" I said. "You're made for it. You know you are."

She shook her head. "Oh, no, I'm not."

"Are you afraid of it?" I said.

She had a pretty well-developed chin, and I could see it come forward at that. "I certainly am not afraid," she said.

Then the other girls started working on her telling her how good she would be, and what a thrill they would all get if she did it, and I kept on applying my best sales techniques, bullying her a little bit, pleading a little bit and telling her with my eyes that *I* Paul Magnuson, wanted her to do it, and all of a sudden she said "All right," and went back up with me to where the dramatics teacher was waiting

My son still has a photograph of her in her costume as Lydia. When I look at it, I am doubly sure that my dramatic judgment then, at the age of fifteen, was entirely sound. She was made for the part. It suited her exactly and she suited it.

The school play was a delight to me. We worked hard, rehearsed for hours, and thought we were the greatest band of Thespians who ever trod the boards. Our sympathetic audience of students and parents on the night of the performance bolstered this notion by giving us lots of applause. On top of that, another boy and I made quite a respectable sum of money on the side. My partner, Jule Hannaford, was the son of the vice-president of the Northern Pacific Railway between us we raised twenty five dollars capital, with which we bought the program concession, agreeing to furnish five hundred copies for the night of the play Then we went out every day after school and sold advertising space to the local merchants. We made nearly two hundred dollars apiece in two weeks, which was pretty good for a couple of kids after school; and Jule and I carried on that little business enterprise, for dramatic club shows and athletic events, until he went to Yale and I to the University of Minnesota.

From that time on, Alice and I always seemed to have an understanding Even in those days, I think, she knew me better psychologically than anyone else did. She never did anything to irritate me, but always made me feel strong and capable. Where others were always trying to knock down my ego, she did everything she could to build it up.

She even got along with my pony Jimmy I had broken him to harness on the race track out at the Minnesota State Fair Grounds about three miles away from our house, using a two-wheeled cart. I drove him with a bike wagon. Jimmy and Alice and I were a complete trio. He stood out in front of her house every evening I could get away the reins tied to the Hassons' fence because the ordinary weight would never keep him from going somewhere else if he wanted to. Of course all the neighbors knew what time I had left there in the evening, because they could look out their windows and see if Jimmy and the bicycle wagon were gone. The first few months of this, Alice's family probably thought it was only a passing phase in their daughter's life, but one evening when I arrived, there was a brand-new granite hitching post in front of their gate, and Mr Hasson standing beside it.

"Paul," he said, "I've had this put in especially for you."

"Why thank you, sir" I said.

"Don't thank me," said Mr Hasson. "It was either put in this hitching post, or have that Roman-nosed horse of yours pull my fence up by the roots!"

I will never forget one drive we took, because of what it showed about Alice. Jimmy had one really bad trait: somebody had beaten him around the head at some point in his life, and in consequence he was terribly shy of anyone holding a stick. Let him catch sight of a man with a cane or a woman with an umbrella, and he would light out and go, in spite of anything you could do. We had nothing but dirt roads in those days, and few automobiles, so I usually just let him run until he was tired. One day when Alice and I were out driving we came to some interurban car tracks where a crossing had been torn up, and a man came out and waved a flag on the end of a stick at us. Jimmy turned at right angles and started to run away between the tracks, with the bike wagon bouncing crazily over the ties. I got a grip on those reins and sawed and hauled with every ounce of my strength. I was thoroughly scared, but Alice never uttered a sound or made a move to

grab the lines. She just sat there as though there were nothing in the world to worry about. After I got the horse stopped, I said, "You didn't scream — weren't you scared?"

"Well, if I was," she said, "there wasn't any use confusing the issue. You had all you could do to keep the horse between the tracks as it was."

She was always like that, never giving displays of emotion that might distract me from what I was doing. She never did any screaming, never looked for trouble. She just faced whatever came without unnecessary exclamations.

We were a pair. We knew it and everybody else knew it. At the end of our junior year my father asked my mother and us children if we'd like to make a trip to Buffalo and back on a grain boat the first two weeks after school. Of course we said we'd be tickled, and of course Alice was included too, without any question; she was considered a member of our family. That grain-boat trip was quite a thing in those days. The ships carried grain from Duluth to Buffalo and returned loaded with coal, but you would never have guessed it from the cabins, which had been fixed up for officials of the shipping line and their friends. When I say "fixed up," I mean they had all the Gay Nineties luxury anyone could imagine, including a wine cellar which of course we couldn't touch in view of Mother's feelings about alcohol.

It was a fine excursion in good weather all the way. The only trouble was that Alice wasn't very well. She had had a series of quinsy sore throats some time before, probably what we would call "strep" throats nowadays, and was pretty well dragged down in health. Although the trip gave her a chance to rest a little she was still thin and peaked when we got back. We all took the train down from Duluth. My family got off at Minneapolis, and Alice and I went on to the end of the line in St. Paul.

At the railroad station I picked out a hack with a pretty good team of horses and we started towards her house about two miles up the hill. It was one of those days when you

know a storm is coming, because the air is ominous. The road goes up a long slope and around a bluff called Dayton's Bluff where there is a bridge called the High Bridge, over the Mississippi River. Near the top of it the storm burst on us. I had been in storms before and I have been in plenty since, but never one like that. Hitting us head-on, it stopped those horses like a brick wall. The carriage started rocking back and forth in terrific wind. I thought it was going to upset any minute. My one thought was that I had to get Alice out of there. I shoved the door open, grabbed her in my arms and carried her up the steps of a nearby house. I pounded on the door and rang the doorbell until a nice-looking young woman appeared. I deposited Alice with her then ran back to close the carriage door The wind caught me and I had to grab a post to keep from being blown away It was an odd thing: the driver sat on his box through all of this and the horses stood their ground. The carriage must have been sheltered by the bluff or it would have been blown clear into the river: the wind carried away two whole spans of High Bridge.

Eventually after it was over we got Alice home, by weaving our way on the sidewalks and street. Trees and electric wires were down and the sparks were spitting all over the place. It was a miracle that we weren't electrocuted. When I tried to go home, I found that there were no streetcars running so I had to spend the night at Alice's house. I found out next day what a storm it had really been. Among other things, my father's grain elevator at the Minnesota Transfer loaded all the way to the top, was blown over on its side. But the thing that struck home to me most about it was that once again there had been not a whimper from Alice, not a sign of fear What that girl meant to my young life!

The year we finished high school, my father helped me get a job with the Northern Pacific Railroad as a member of a survey party laying out a line between Tacoma and Olympia in the state of Washington. I traveled West on a pass which entitled me to an upper berth in the Pullman at night, and

a seat in the coach in the daytime; that annoyed me because the coach windows were so grimy I couldn't see anything I arrived at the company's office in Tacoma on the third morning with a couple of pairs of overalls, some wool shirts, two pairs of heavy socks, underwear, a comb, a hairbrush, a toothbrush, my usual supply of gauze for bandages and about fifteen dollars in my pocket. My intention was to buy whatever I had to and spend anything that was left over on a present for Alice for her birthday which was coming in three days.

The engineer instructed me to take a train to a little town called Steilacoom, twelve or fourteen miles away and there go out to the edge of town and pick up a trail which I was to follow until I reached a certain group of trees, and then take a branch trail I would finally come to the camp from which the survey operated. I thanked the gentleman, and as I was leaving he said, "Have you got your blankets?"

"No," I said, "I haven t got any blankets."

"Well," he said, "you d better get some, because you re going to get awfully cold if you don't. How about canvas for your cot?"

I didn't have any canvas for my cot either I was not going to admit to anybody that I had been stupid enough not to bring what I needed, so I told him I could handle everything without any help. I went out and got a piece of canvas for a dollar I probably could have obtained blankets at the same time, but I was not going to be put in the position of not being able to buy my girl a present, and a nice one. I wired my mother to ship me some blankets right away and went into a jewelry store and bought Alice a gold watch pin that just about took the last cent I had except enough for the postage. I never had any doubt that I'd make out all right. My railroad fare to Steilacoom was free. I had no money to buy food, but I could eat when I got to camp if I didn't make it I'd go hungry I would probably half freeze to death at night until the blankets arrived from St. Paul, but I was tough.

I arrived in Steilacoom late in the afternoon and started out

on the trail. As I went tramping through the woods it started to rain. It was nine o'clock at night and pitch dark before I arrived in camp after having walked I don't know how many miles. I saw a light in one of the tents, and went up to it and opened the fly enough to get my head in, and there were two men poring over blueprints. One of them looked up and said, "Who are you?"

I said, "I was sent out by Mr. Crosswell, the chief engineer."

"What do you do?"

"I don't know," I said, "I just came out to work."

"Well, we'll take care of the work in the morning," he said. "Take your blankets and get over there in the other tent and go to bed. What's your name?"

"Magnuson."

He cupped his hands over his mouth, and let out a bellow: "Hey Pete, lock up the levels! There's a Swede in camp!"

What he meant was that the fluid in the surveying levels was alcohol, and in the old days when—as I learned later—he had been one of the engineers who had surveyed the international boundary between the United States and Canada, they had had to keep the levels under lock and key because the Swedes used to swipe them and break the glass to get the alcohol to make Swedish punch. The joke struck me pretty badly just at the moment, because I was tired and had no blankets, and it was getting cold. I went over to the bunk tent, spread my canvas on the ground and started to lie down with my clothes on. The man in the bunk nearest to me lifted up and said, "What are you doing?"

"Going to bed."

"Don't you have any blankets?"

"No."

"Where'd you come from?"

"St. Paul."

"Oh, a tenderfoot. Got any pillow?"

"No," I said, "I haven't got any pillow."

With that he sat up in his bunk and reached for his shoes.

He looked around, grinning at the eight men snoring in their bunks.

"Wake up, you sons of bitches," he roared, "and come out and make this kid a bed!"

That whole gang rolled out, rubbing their eyes, and pulled on their boots. They went into the woods and chopped down some small trees, trimmed off four forked branches for corner posts, and used the straight trunks for side and end-bars. They nailed my canvas to the bars, miraculously dug me up some blankets and a pillow and put me to bed. I slept like a babe in the woods, which I guess I was. From that time on, I was the most loyal friend that whole crew had. Although many of them had little education, I found they were fine human beings, always willing to help anybody who was in trouble. They gave me a great summer.

The engineer in charge of the party Mr. Pollard, was hard put to it to find a use for a fellow who was rather gangling and not yet very well coordinated. He started out by giving me a brush hook, a heavy long-handled ax with a hooked blade. I was supposed to go in front of the crew and the surveying instruments, cutting down the brush so the surveyor could throw a line out through the woods. The lumberjack cut down the larger trees that stood in the way Apparently I was not much good with the brush hook. Those springy bushes kept slipping out of the hook. So they gave me an ax. They were very nice to me and always assigned me small trees, but after two or three days, the head ax man, after watching me hack away at a sapling for several minutes, remarked, "Pretty high for beaver"

That confirmed the engineer's opinion that the company was wasting its money paying me for chopping down anything He made me rear chainman. All I had to do was follow the head chainman, carrying the trailing end of the chain. This was just the right assignment for me. The head chainman was a man named Douglas, a recent engineering graduate from London, Ontario. He was a little fellow not over five feet

six at most, with a pair of shoulders that would have done credit to a six foot man, and that is the ideal build for going up steep slopes. I was geared rather long, which meant that I just didn't have the strength and push in my legs to do that kind of climbing. So Douglas would scramble up the cliff and then haul me up after him on the chain, which I very much appreciated.

I wish people, especially high school physical training directors and people at boys' camps, would recognize that a youngster who is over six feet tall cannot be expected to be as well muscled and strong as the young fellows of five-five to five-eight. The reason is that all our muscles are attached as levers of the third class, with the fulcrum at one end of the lever and the power applied between the fulcrum and the opposite end of the lever. The lower end of the muscle that straightens your knee as you climb, the *quadriceps extensor*, the big front muscle of the thigh, attaches to the kneecap. So the power that straightens your leg is applied only about an inch and a half below the knee joint. The mathematical formula makes it clear that, when it comes to climbing, the man with a leg bone a foot and a half long is at a tremendous disadvantage compared to the man whose leg bone is only a foot long. These muscles of ours were made to apply power with a lot of speed, but speed does not add anything to the strength, and it is strength that counts in climbing. Just to give an idea of how much power these muscles have to generate, think of a two-hundred-pound man going up a ten-foot flight of steps in ten seconds. What he is doing is the same as lifting two thousand pounds one foot in ten seconds. It takes quite a machine to do that.

So don't blame the tall lean ones if they are not good at climbing or lifting heavy objects, and have to be hauled up cliffs the way Douglas hauled me up those steep slopes that summer. That's the way some people are built.

We moved camp five times during the time I was with that crew, which was two and a half months. When we got through surveying a stretch we would pick everything up and set it

down halfway along the next jump We worked back from the camp until that part was done, and then forward from the camp until we got so far out it was no longer efficient to hike such a distance each morning and evening at which point we would leapfrog the camp again.

Some of these jumps were along the shore, and we waded mudflats for miles. It was great training for the duck shooting I took up later in my life. A man really gets exercise wading in that mud, pulling up one foot as the other sinks deeper and towards the end of the afternoon, you can bet all that effort makes itself felt in the inguinal region. Often we would come to a place where a line had to go across a peninsula or skirt the side of a ravine, and we would be climbing steep grades and cliffs. Mostly they were wooded so there was some thing to hold on to, but when you survey a straight line walk ing obliquely up a bank hour after hour the muscles that support the side of the foot are under a considerable strain. This was where my friend Douglas was of the greatest assistance to me. I was always about a hundred feet behind him and he would give me a lift with the chain every time he saw me slip. And in spite of all the scrambling around, I managed to take in some of the glories of the view over Puget Sound, a lovely body of water One of my keenest memories of that summer is the shrimp boats out on the water and that some times we got fresh shrimps.

The climax of it all, though, was that I was able to repay the big lumberjack who had called the boys out of their bunks to fix a bed for me the first night. He was using a sharp double edged ax one day and it skipped off a knot on the side of a tree and split his foot between the third and fourth toes clear up into the instep. I was right there beside him. It was not much of a job to take off his shoe the ax blade had neatly split his shoelaces too. I ripped off the sleeve of his shirt, twisted it into a Spanish windlass and put a tourniquet above his knee. Then I ran a mile back to camp as fast as I could, and got the gauze and bandages I always had in my kit.

When I returned to where he lay against a log he was white as a sheet and trembling with fear that he was going to lose his leg and be useless from then on. I made a good heavy pad of gauze and applied it to the wound. There was no need for antiseptics, which was just as well, because we didn't have any. The woods were clean and so was the air; the only thing that might have been a little dirty was his shoe and maybe his foot. I fixed the pad in place with a compression bandage in the form of a figure eight, just as I had practiced it so many times with my sister Louise, then took off the tourniquet and waited a while to see if the wound was going to bleed. It did not bleed, so we made a litter out of branches and carried him out of the woods to the company launch which took him back to Tacoma, and they sent him on to the railroad hospital in Seattle.

My patient — that was how I regarded him — got back to work in a surprisingly short time, three weeks or so. When he appeared, he came straight up to me and took me by the hand.

"Kid," he said, "the doctors up in that hospital asked me who put on that bandage. I told them we had a youngster in camp who put it on. They said, 'That's the best bandage we have seen for a long time. He ought to be a surgeon.'"

"Well," I said, swelling up like a pouter pigeon, "that's exactly what I'm going to be." And for the rest of my time out there, my chest stayed fully inflated. I wasn't just the kid around camp any more. I was *somebody*. I was "the Doc."

Chapter Three

OF COURSE I HAD an awfully long way to go before I could become a doctor in reality First, there were two unavoidable years of premedical studies at the University of Minnesota, which I regarded as a huge matrimonial agency; as I had already picked out the girl who was going to be my wife, that service was of no interest to me. I met a number of third- and fourth-year medical students, who were much dissatisfied because of all the time they had to waste traveling on streetcars between their homes and the university and between their classrooms and the various public and private hospitals in St. Paul and Minneapolis where, in those days before the construction of the University Hospital, they had to go for their clinical work. The more I saw of the setup there, the more I was consumed by a desire to get my medical degree at an Eastern university where I would live in a dormitory and where, I supposed, the students were not compelled to waste their time constantly riding on trolleys.

I told my father about this, and he said, "How do you know any of those big Eastern medical schools will accept you?"

"The only way to find out is to ask them," I said.

"That is so," said Father "Well, you had better go East and see."

I went out to the barn and hitched my horse to the bicycle cart and went to see Alice. She was as wonderful as always. When I told her I was going East to inspect the medical schools

there — I didn't stress the fact that they were going to inspect me, too — she nodded and said she thought that was the right thing to do, if I wanted to do it.

The Eastern school with the biggest reputation was Harvard, so I thought I would give Harvard the first chance of getting me as a student. After a two-day train ride, I arrived in Boston, promptly got lost, and finally had to take a cab out to the medical school. The dean was polite but not overly enthusiastic about his opportunity to enroll me, and when I found out that the students there had to take trolleys to the clinical hospitals all over town just as they did back home, I was not at all enthusiastic about Harvard. I took the night train to New York.

A day at Bellevue Hospital, going from ward to ward with the hurried and overworked interns there, easily persuaded me that I didn't want to enter a New York medical school. Bellevue was just too sordid for this country boy.

I really behaved like a country boy in the big city that evening. My father had told me of the famous Delmonico's restaurant, and I walked in there at what I conceived to be suppertime. That was six o'clock in the evening. Hat in hand — never having heard of a checkroom and having no idea what the girl in the entrance wanted with my hat — I entered the great dining room with its magnificent draperies of red brocade. Except for two or three bored-looking waiters standing around, it was completely empty. I marched to a table for two near the end window, put my hat on the other chair and sat down. It was some time before a waiter deigned to bring me a menu.

"Are you here for dinner, sir?" he said.

"I sure am."

"A little early, sir."

"Early?" I said. "It's after six o'clock, isn't it? It's dinner time."

I ordered soup, broiled lobster (the first I had ever tasted, and was it delicious!) and the fanciest dessert they had, peach

Melba. When the waiter asked me what I would have to drink, I said, "Water of course." The way he smiled about it, I don't think he had ever served just water to anybody in that place before. I finished my dinner in solitary state, paid my bill, picked my hat up from the chair and walked out. Not a single other customer had come in. I thought it was fine to have all the facilities of a famous restaurant like Delmonico's all to myself

In the morning I journeyed on down to Baltimore to see what I could find out about Johns Hopkins, which then as now had a great reputation as well as a very strong faculty I was impressed, above all, by the spirit of service to the patient, and the great emphasis that was being put on "why?"

I had just about resolved my doubts in favor of trying for Johns Hopkins when I remembered that two of my doctor friends in St. Paul whom I admired very much had both studied at the University of Pennsylvania. So up to Philadelphia I went.

I was immediately glad I had done so. Walking up Spruce Street I discovered the local chapter of my fraternity Phi Gamma Delta, where I was given a bed on the fourth floor. A few blocks from there I came to some lovely spacious old buildings of Pennsylvania limestone, and went through a large arch where a watchman looked me over amiably into a triangle of buildings and through another arch into the Botanical Gardens with their atmosphere of dignity and age. To the left was the new Medical Building facing across a wide-open space which was later to become the famous Quadrangle. I climbed a broad flight of marble steps, and went through large front doors into a marble hall. On each side wide stairways led to the second floor where a door flanked by old portraits of former medical greats — Dr Ashurst and the rest — bore the legend *Edgar F Smith Dean of Medicine* I had never been in an atmosphere that impressed me as much. This was the oldest medical school on the North American continent, older than Harvard, older even, than McGill, and I thought that here medicine was treated with the dignity and honor due it.

It still impresses me the same way I said to myself "This is the place. Here they really want to cure sick people."

In the dean's office, I was asked if I had any credentials with me, and I had to admit I hadn't brought any. I was told that I would have to take examinations. I could come back in the morning, and they would give me notes to the various heads of departments, who would give the examinations. I thanked them politely and said casually "Where's the University Hospital?" They pointed out the window and there it was, not a hundred yards away! Just beyond it stood old Blockley Hospital, and across from that Children's Hospital, all within two or three minutes' walk. My heart overflowed. This was heaven. The only question was: could I make them take me in?

My first call in the morning was on the famous Dr. John Marshall, professor of chemistry in his laboratory. I trudged up three flights of stairs and saw his name on a dusty door that stood partly open. I tapped it. Nobody answered. I pushed it gently open and entered a small room where papers, reprints, and books were spread out in beautiful dusty disarray all over a desk, some shelves, and the floor. I rapped more loudly and nobody answered. There was another door slightly open, and I went through this into a much larger room and knocked again, still without getting any answer. So I knocked louder and from the distant end of the room a man's voice, curiously muffled, said, "Come in. Who is it?"

I looked for the man, but could not see him. The room was as dusty as the smaller one outside, and as cluttered. It was filled with boxes and cases of every size and description, most of them with some sort of ventilation at the top. There was a peculiarly acrid odor to the place. As I walked down between the boxes, I saw the rear end of a man and a pair of trousered legs hanging over the side of one of the larger boxes, from which again came the muffled question "*Who is it?*"

"A fellow from Minnesota," I said.

The legs kicked slightly. The voice said, "What do you want?"

"I came to take an examination. I was sent over by the dean's office."

At that the legs began to come down and the body that belonged to the rear end began to come up, and there appeared a rather elderly gentleman who, I suddenly realized, was grasping a very large rattlesnake firmly under the jaws with his left hand. The snake's writhing body was wrapped around his arm. With his right hand he reached over into his breast pocket and took out a test tube. At the end of the test tube was cotton, which I learned afterwards was the way to keep test tubes sterile, and holding the test tube between his ring and little finger and thumb, he extracted the cotton with his index and middle fingers and held it at one side while he aimed a squeeze of venom from the snake's fangs into the test tube. He then replaced the cotton, put the test tube back in his breast pocket, looked at me and said, "So, you're from Minnesota."

I answered in the affirmative and about that time he uncoiled the snake from his arm and plumped it back into the box. It was a good husky snake and landed on the bottom of the box with a thud.

Dr Marshall looked at me over the rim of his glasses and said "And you came for an examination. You think you would like the University of Pennsylvania?"

I said, "I'm sure I'd like the University of Pennsylvania"— and started to tell him why

He said, "Well, now if I have to give you an examination, I've got to find out what you know Now what do they think is the formula for water at the University of Minnesota?"

That was one chemical question I could answer in those days.

"Well, well," he said, "they've gotten quite a long way up there, haven't they? Now how about the water of crystallization? How do you understand that?"

I told him my explanation of that.

Dr Marshall said, "Did they give you a slip from the dean's office to me?"

"Yes, sir" I said, and produced the slip.

He took it, and looked at me. "You like the University of Pennsylvania do you, and you think you want to be a doctor?"

I said, "Yes, sir!"

"Well, you take this back to the dean," he said, and handed me the slip, on which he had written "accepted" — no more, just "accepted."

It was pretty much the same when I went to see Dr. Piersol, professor of anatomy and Dr. White, professor of surgery. They looked me over, asked a few very pointed questions, drew out the reasons why I wanted to be a doctor, and that was that.

I must say, looking back on the series of examinations I took that day, and thinking of the present medical school entrance requirements, I am very grateful that I was born in 1884, and this was 1905, when they were willing to take candidates because they wanted to be doctors and the professors thought they might make good ones. They did not insist on a mass of technical education or a straight "A" record in school. They were looking for personality and interest and the brains to observe and absorb. Sometimes I wonder whether we would not do better nowadays to place less reliance on what an applicant has learned, and more on his ability to think for himself. Perhaps we need more men who can take basic knowledge, develop it through formal progressive reasoning and come out with definite conclusions of their own instead of just memorizing what somebody else has said or written. This is not being critical of the young men who come into our medical schools today. They are the finest young people with whom I have come in contact. They have high ideals; they are tremendous workers, they have brains and a sense of responsibility. But sometimes I think medicine is being made too much of a science, and the fields of specialization are overly narrowed. There is a tendency to concentrate so much on what is obviously important that minor ailments are overlooked. That is why patients so often complain that, if they have something serious wrong with them, the medical profession is wonderful,

but if they have just the ordinary run of ills, they cannot get a doctor to take any interest at all. One of the things that made us successful in taking care of people, even though we did not have so much scientific knowledge, was our interest in every kind of disability no matter how slight.

At any rate, my mission came out better than I had had any reason to hope. I was admitted into the second year of medical school.

It was a mighty pleased young man who took himself back to St. Paul. My mother of course made a great fuss over me. Her "little doctor" was really going to be one. Louise insisted on having a play-by-play account of every minute of my trip East. As for my father he went around with a smile as though to say he had known all along I would make it.

He said he wanted me to cut a respectable figure in the East, and took me to one of the best tailors in St. Paul — his name was McBride, and his shop was at 5th and Roberts Streets — and had him make me a really beautiful dark blue suit for $60. It fitted me perfectly and there is nothing that can give a young man confidence in walking into a new situation like having a suit that is really first rate in cut and material, as this one was. I had two other suits, an ordinary business suit and a cutaway with swooping tails and a vest edged in white, so I could qualify as well dressed.

Mark, who had just graduated from M. I. T., stopped off in St. Paul on his way to a job as a mining engineer down in Sonora, Mexico, among the Yaqui Indians, and the whole family sat for a photograph, all six of us in a row from left to right according to height first Mark, the tallest, then me, then Father, then Louise and Ruth in navy blue middie blouses and finally Mother, the shortest and most positive of the bunch.

During the few weeks remaining before I was to report in Philadelphia, Alice and I took many long drives in the country not heading anywhere in particular Around St. Paul, very close to the city there are market gardens, where in the fall they cut their cabbages and leave the roots and bottom leaves

to rot in the fields. I never get the odor of cabbages rotting in the fields without a feeling of nostalgia, and it turns back the clock to the sadness that I felt in saying good by to Alice.

On the great day just as we were leaving for the train, my father took me aside and handed me something that felt like a roll of bills, and that's what it was. He said, "Son, here's your first month's allowance, your first semester's tuition, and your first semester's room rent in the dormitories. I thought you might like to have it all in one piece, in money instead of checks."

Needless to say I was almost breathless. I had never seen so much money in one place in my life, and my eyes were I think a little moist when I said to him, "Thank you, Pop."

At that moment the boy grew up into a man, who had responsibility placed on him and whose father trusted him. At that moment I was my father's son, a full-grown son, who was willing to accept responsibility now as man to man. My father and I from that moment, were closer than almost any man and boy that I have known, and we never changed. As the train pulled out, with my family waving me off he walked along beside the car and said, "Son, have a good time, but don't let it cost you too much. You know your father isn't a rich man."

I made up my mind that, whatever it cost him, he was going to get his money's worth.

Chapter Four

When I got off the train in Philadelphia I was walking on air and that was a considerable feat because I was carrying two heavy suitcases, which I lugged all the way from what is now called the 30th Street Station up Woodland Avenue to the University dormitories. I asked the watchman, old John, where I was to stay. He had it on his record-sheet that I had a room signed for, so he led me through the triangle to Robert Morris House and up to the second floor. My room was small but very light, with a bay window flanked by two smaller windows. It was furnished with a bed, a couple of chairs and a dresser. I immediately began fixing it up according to my own ideas. I bought a rug, another chair and a standing lamp with a sort of parchment shade. I got a valance and little side curtains for the windows, hung pictures of my family round the walls, and stood the photograph of Alice as Lydia Languish on the dresser, which I considered the place of honor. So there I was, all set up.

My policy was to mind my own business and study medicine. I didn't know anybody and made little attempt to get acquainted. My thought was that I was in the greatest medical center and working with the greatest medical men in the country. I meant to take full advantage of it and of them. My mind was open to them. It was almost the first time in my life I had not been in rebellion against my surroundings. There was a tremendous challenge here. I had to learn how to study

in addition to learning anatomy, histology, biochemistry and the other medical subjects. I never had any serious doubt that I would make it, but it was a struggle. Any spare money I had out of my allowance that year went for books, not only the books I was required to have for my classes, but others which had to do with people and disease and the cure of disease. When I had any time on my hands, I made it my business to nose around the laboratories and hospitals, finding out all I could about them and what was going on there. The same burning curiosity that had led me into so many dubious places in my childhood now sent me into nooks and crannies of that vast institution I never would have discovered otherwise. Watching all these things going on, I developed a tremendous urge to get my teeth into a project of my own. What it might be, I had no idea. I did not even know, yet, what kind of doctor I wanted to become: a general practitioner, a pathologist, a surgeon? Each had its appeal, in each field I was encountering men for whom I had the greatest admiration, in each I found something that interested me. One day I poked my head into Dr. Joshua Sweet's surgical laboratory. I knew what it was because of his name on the ground-glass door panel. That was a decisive moment in my life.

Inside the main door, which opened directly from the hall, there was a small room to the right with one window, a desk, and a couple of straight chairs and there I saw a thin small man leaning back in a swivel chair, with his feet up on the desk and his hands locked behind his head. He had a large amount of very thick dark hair parted in the middle and combed down on the sides of his head, sharp piercing eyes, with crinkles at the sides, that looked through a pair of rather heavy lenses, and a humorous mouth that made me feel he was gently laughing at me. He cocked his head up at me and said, "What do you want, young fellow? Did you come to borrow money, or get some information?"

"Information," I said.

He nodded his head rapidly "Come in and sit down," and he waved me to a straight chair.

Sometimes one becomes aware immediately of being in the presence of a man who really knows what he is doing who possesses knowledge and, with it, the imagination and the understanding to put it to work. This was one of those occasions. Of course I did not guess then how many hours I was to spend in this little office, how often I would work away until two or three o clock in the morning in his laboratory next door where the air was heavy with the smells of animals, formaldehyde and alcohol; how many evenings I would pass in his charming house a few blocks away where he and his wife Greta always gave me the friendliest of welcomes and he initiated me into the mysteries of his beautifully equipped private machine shop. A true genius with his hands, he delighted in turning out all sorts of *objets d'art* — candlesticks, desk lamps, ashtrays — of metal, stone or polished hardwood. When he needed a special chisel, burr, chuck or other precision tool, he usually made it himself, and it was better than any you could buy

Josh Sweet! That little man with his mocking nearsighted look, his gentle sarcasms and fierce concentration on the work problem on his bench, influenced my career and thinking more than any other person in my life except my mother and my girl. It was because of him and what he taught me that I decided to become a surgeon, and it was because of what he encouraged and helped me to find out for myself that I fixed my attention on the surgery of bones and joints — backs and hips, knees and elbows, feet and hands damaged by disease or injury — which became my principal, although never exclusive, field of professional interest.

Another of our fine teachers at Pennsylvania was quite inadvertently the source of the idea which developed into my major surgical project with Josh Sweet.

Up to this time, I had gone my way the first year of medical

school without making any effort to get acquainted particularly with any of my classmates or anyone else. I am sure I missed a great deal in my college life because of this trait. I saw one football game, about half a baseball game and no other athletic events all the time I was at the University of Pennsylvania. I don't say this in a bragging way. I say it only because it was true. And why, I don't know, because I was not ordinarily unsociable. As I look back on it, it was probably because I didn't want to have anything interrupt what I was planning for myself. If I decided to go to the theater, I bought one ticket and went to it alone and after the show I went home to the dormitories, or to the research laboratory or wherever I wanted. I didn't have to explain to anybody why I wouldn't take a glass of beer or why I was going to bed. Incidentally, all through my childhood, my mother used to say that all she had to do was to see that I had my dinner and I went to bed myself, no matter what anybody else was doing.

Girls didn't seem to interest me as they should have at that age. I think the companionship of young women is one of the things a young man should get much pleasure out of. But if a young man doesn't make any plans to meet young women, he usually doesn't meet them. I lived my life how I pleased, with whom I pleased, going where I pleased and when I pleased. And that habit, I am afraid, has become rather fixed.

So it was quite a surprise when a fellow student named De Forest Willard, Jr., whom I knew as a great swell and the son of our professor of orthopedic surgery, stopped me after a class one day and asked if I wouldn't like to go out home with him and spend the night. Knowing of nothing that might have prompted this invitation, I nevertheless accepted.

The Willards lived in Lansdowne, in a lovely old house with a springhouse down in back, where the water came out of the ground at 40 degrees the year round, and an old horse-barn inhabited by a stately old gentleman named William. Poor William! They tried so hard to make a chauffeur out of him, but he had been a coachman too long and was so steeped in

the practice of letting his horses take hills slowly that he almost always stalled the car halfway up any hill he came to.

I received the most gracious welcome from Mrs. Willard, a delightful woman with snow white hair and a poise and dignity that were positively queenly although not at all condescending I was a friend of De Forest's? That was all she needed to know from then on I was her friend. Dr Willard, whom I already knew through the medical school, was a remarkable man. From very early childhood he had been terribly crippled by infantile paralysis, and could not walk without crutches. It aroused my sympathy most of all that one of his legs was a good deal shorter than the other so that in order to balance properly on his crutches he had to wear a high-soled shoe on one foot, an ugly heavy thing which I regarded as adding insult to the injury the disease had already inflicted on him.

It was most impressive to watch him doing an operation. He had had a stool made in the shape of a saddle on four legs resting on a platform with casters. The nurses would push this stool under him so that he straddled it like a man riding a horse; then they would trundle him to the washstand and from there over to the operating table, his white gown arranged so it covered the whole contraption. He had extraordinarily powerful hands from having lifted his whole weight on his crutches all his life, and was the only orthopedic surgeon I ever saw who could slowly bend a child's bowleg straight without the use of an osteoclast or any other harsh instrument — just his own muscles. And astride that saddle he would operate for hours.

But I kept thinking how much better it would be for him if his legs, even with the extensive paralysis of both, were the same length.

I went out to Lansdowne several times that spring including one weekend when I had the elder Willards mostly to myself because De Forest was out playing golf Mrs. Willard talked to me about the Widener Home for Crippled Children, which I

believe was the first attempt to provide physically handicapped children with a combination of home and hospital, where they received not only medical care but good schooling and vocational training to enable them to make a living when they grew up. Mr Widener put up the money and Mrs. Willard supplied the ideas and work, as a result of which there are a good many hundreds of people in the world who might have been charges on public charity and instead have led pleasurable and useful lives. I was fascinated by what she told me, and that was the beginning of an interest in the rehabilitation of the handicapped which has been a guiding light to me ever since.

One immediate outcome of all this was that De Forest Willard and I roomed together in Leidy House for the remaining two years of our medical course. We had a lovely peaceful time because we interfered not at all with each other's modes of life and pleasure.

One day at their house, when I felt I knew the doctor well enough, I said, "Dr. Willard, do you think it would help you if your left leg were as long as your right?"

"Why I suppose it would," he said. "I've never thought about it." He reflected a moment. "I wonder if it would be possible."

"To lengthen a shortened leg?"

"Yes. You know Paul, that's a very interesting problem."

I thought so, too. "I have an idea it can be done," I said, "and I'd like to find out."

As soon as I got back to the University I went straight to Dr Sweet in his laboratory At that time, I had already been doing dog surgery for several weeks with Dr Sweet, almost a complete medical education in itself because he was not only a brilliant surgeon but an outstanding pathologist and a great stickler for the most refined technics. No student of his research group was ever allowed to operate until he had learned to handle a pair of tiny "mosquito" forceps, delicate enough to pinch off the smallest blood vessel, and sew an artery end to end without having it leak any blood, using his specially made

needles, so fine they could be threaded only under a magnifying glass. That was highly technical surgery in those days. If nowadays it seems no great task to take a large artery apart, insert a piece of hose in it, sew it up at both ends and have the patient go on living and breathing and having a good time in life, that is partly because of the kind of work Sweet was doing and teaching his students back then just after the turn of the century Many years later I got some of his tiny needles to do a graft on a patient's burned eyelids — a story in itself which I shall tell later on.

Sweet greeted me with a smile and asked what I had on my mind now I told him.

"So you want to lengthen shortened bones of the leg do you?" he said.

"Yes, sir"

"Well," he said, "I don t know of anybody in the class that's better fitted to do it than you are. You ve had enough experience of pulling the old man s leg."

And with that I started to lay out the problem and figure out how I could do it. This was a fully mature undertaking a man-sized job for a man. I was never happier in my life.

The technical difficulties of the problem were many In the first place, if a long bone is to be made longer than the Lord made it, or accident or disease has left it, the only place it can be lengthened is between the two joints, above and below into which it fits. The muscles of any individual or animal have what is called "tone," which means that they are always more or less like a tense spring The minute you break a long bone or cut it, the fragments will be displaced by the muscles pulling to bring the origin of the muscle and the insertion of the muscle closer together. This pull continues constantly twenty four hours a day This is what causes deformity after a fracture, when the bone has not been splinted properly and held in such a position that the fragments cannot slip by each other, and this was one of the things I was up against in lengthening bones in the experimental animals. There was a limit to the amount the

muscles and nerves could be stretched, and the lengthened bone must heal strong enough to hold against the tension.

I decided, after a good deal of study that I would make three cuts in the bone. First I would saw a cut lengthwise down the middle of the bone between the joints. Then at one end of this cut, I would saw in to the center from the right side and I would do the same at the other end, but from the left side. This would give me the same effect as though the upper and lower segments of the bone were two pieces of wood that had been dovetailed together Then I could slide the two sections of the dovetail apart as far as necessary to get the desired lengthening, and fix them in extended position.

The crosscuts were no problem, but how to make the lengthwise cut? How could I get a saw through the bone, so I could saw this cut without damaging the two joints at the ends?

In those days all surgical bone saws were simply straight hand-operated ones, and of course could not do anything of that kind. In other words, I discovered right off quick that I would have to invent my own tools to do this work.

The answer clearly was a saw with a rotary blade, and that meant it would have to be motor-driven. The only thing of that kind I had ever seen was at the Baldwin Locomotive Works, and it was a trifle large for cutting the bones of humans or dogs. I dropped in on a surgical instrument firm by the name of Snyder and interested young Mr Snyder in developing a tool to my specifications. It took a lot of work and fussing, and I had to pay no mean little bill as a result, but we got it made at last, and it worked a circular blade at the end of a shaft geared to an electric motor by means of a flexible cable.

Having found the way to cut the bone, I had to have some means of fastening the two segments together after the bone had been stretched out as far as it could be without damaging the rest of the leg The obvious answer was to do it with screws. The screw which surgeons were then using to fasten fragments of a fracture together had a tapered shape, like a wood screw; but in these experiments the screw had to penetrate the outer

casing of the bone on one side, go all the way through the marrow and take a firm hold on the outer casing on the other side. As any mechanic can tell you, that is a job for a machine screw Machine screws had never been used in surgery because the surgeon could not drill a hole and insert the screw without having a tap to cut the thread in advance. So I got my friend Snyder to make me a set of machine screws and a tap of the same size and depth of thread.

There was something else which I found out in the course of the experiments, and that was that steel or iron would not do the job. Nature never intended ferrous metal and living bony tissue to get along together Iron sets up a chemical and electrical reaction which creates an irritation, and very soon the layer of bone in contact with the screw dies, leaving no living bone to hold the screw So I reverted to one of the very earliest historical technics of repairing fractures, and had my screws made of ivory which of course is animal tissue and therefore does not set up a chemical reaction. They were expensive, but they worked.

In the course of this work I discovered one of the great fascinations about medicine, that the problems are never solved, never completely and finally The solution of one part of a problem only points the way to new ones to be grappled with. It will be so as long as people are human beings and as long as disease, injury and death exist. I suspect that will be quite a while.

I got quite a bit of cultural stimulation at this time, too, largely owing to Mrs. Willard's friendly interest in me. That charming energetic and cultivated woman did a lot to open up my mind. She used to take me to the Philharmonic concerts, where I learned that music was not all screeching like the efforts of my corseted cousin. They played Beethoven, Mozart and Brahms, and I really loved it. This was music with harmony and rhythm and what I call a tune. Nowadays I look pretty closely at the program of a concert before I say I will go, so I won't get caught with one of these so-called modern things in crass

scales of sixteen half-notes — fortunately there was nothing of that sort back then in Philadelphia.

And I acquired for all time the nickname of "Maggie." I paid a price for that. De Forest Willard used to insist that it was my job to close our window on cold winter mornings because, he said, *anyone named Maggie had to be the wife.*

But I shall be forever grateful for having belonged to the highest powered "quiz class" in the medical school. The "quiz class," a unique feature of the University of Pennsylvania medical program, was a group of students who got together and hired a junior professor to question them on the subjects they were then studying. Our class of ten men met three nights a week from eight to ten o'clock, after which the rest used to hurry back to their rooms to bone up on the points on which they had been weak. I doubtless should have done the same; instead I made a beeline for the laboratory to work on my problem, often until one or two o'clock in the morning. That was one thing for which I was willing to stay up late. The result was that while eight members of my quiz class were finishing up among the first ten in the entire class, I was in the last ten. I deliberately neglected the subjects in which I was not interested and never intended to be, a policy which did not make for a rounded medical education and certainly did not prepare me to pass good examinations. Paul, in other words, was still taking things too much into his own hands. And still getting away with it. I did get my M. D. degree.

With my power-driven bone saw and ivory machine screws, lengthening shortened bones of the leg was accomplished at an expense to my father which justified Dr. Sweet's remark about my pulling my old man's leg. What I learned in the process, about the pathology and regeneration of broken or surgically severed bone in a living animal, proved far more important than the bone lengthening itself. It led to some great changes in the treatment of fractures, at least so far as I was concerned, and, I am told, so far as others were concerned, too.

My experiments made quite a stir in the medical school. The

paper I wrote describing them was published by the University fully illustrated with drawings and photographs for which I did not have to pay one cent, and I was accorded the honor of reading it at the final meeting of the Senior Medical Society in Houston Hall on an afternoon a few days before our graduation. I can still feel the shakiness in my knees and hear the quaver in my voice as I tried to explain the various charts: my hands trembled so I could hardly pick up my exhibits, and I completely gave up trying to use the pointer because the tip of it was all over the chart at once. I had a right to shake. The next speaker was the great and famous Dr. S. Weir Mitchell, one of the leading practitioners of Philadelphia and one of the most successful American novelists of his time. It was a proud moment to be allowed to stand on the same platform with such a man, and at the same time a terrible spot for a young fellow to be in.

The other members of my quiz class did not seem to worry much about whether that afternoon was an ordeal for me or not. They all seemed very proud that one of their own, who they knew had worked many nights and Saturday afternoons, had been accorded such an eminent place on the program. They were even prouder because I had also been elected by the faculty to the national honorary scientific society Sigma Xi, and was to be initiated that same evening. As I remember it, only five students were elected that year from the whole University. If they had been selected on the basis of standing in the class, I certainly would not have been considered.

I had a wonderful surprise that night. When the initiation was finished, we went out into a big room where there was to be a reception for the new Sigma Xi members and the faculty. Almost the first person I saw was my father!

It turned out that some of my classmates had written to him and invited him to come to Philadelphia for this occasion. Without telling me, they had taken him to dinner at the Bellevue-Stratford, and brought him here. To my mind, that was an act of great kindness to me and to him.

I had the greatest pleasure in taking him around and introducing him to my professors and colleagues and I must say I think he was paid in part that night for all his struggles to get me through school, because the teachers were very complimentary and the boys said nice things, too. He must have felt that at last he was getting a dividend on his investment in me.

We walked across the Quadrangle after the reception, and I said to him, "Well, Pop I suppose you've been wondering what I was doing with all that extra money I kept asking you for"

"Did I ever ask you what you were doing with it?" he said.

"No, you didn t," I said. "But now I want you to know I spent it all for instruments and materials to do this research work. Maybe you'll be glad to know I wasn't wasting it on riotous living"

"To tell you the truth, son," he said, "I didn t worry very much about it. I thought if you were a damn fool I'd better find it out now before you got much older and cost me a great deal more money"

That was an evening I shall never forget.

Chapter Five

THE MORNING AFTER that exalted evening I was back down to earth. In fact, I was working. I had already had a job as an intern at the University of Pennsylvania Hospital for nearly a month. One of the older interns regularly on the service of our professor of surgery, Dr. Edward Martin, had dropped out, and I had applied for and been given the position, on a temporary basis and of course without pay. I moved to the hospital and bought some white suits.

Except for a spell of volunteer work at the University Hospital in Minneapolis the previous summer, this was my first exposure to being a full-time doctor. We interns, like all other interns then and now, served our chiefs, worked hard all day doing whatever anybody in authority told us to do, and of course were on call all night to see patients and meet emergencies. Those night calls, which sometimes got me out of bed four or five times between midnight and morning, might have seemed a hardship to some people. Not to me. I looked on them as pure romance: the long hospital corridors where the night lights burned dimly, the nurses tiptoeing in the wards, the whispered consultations, the warm odor of disinfectants, the feeling that some sick person needed me. Sometimes I got up to make the rounds without being called, just because the atmosphere appealed to me so much. Then, before going back to bed, I'd stop at an icebox that stood in the hall near my room and fill up

on doughnuts and cookies, washed down with milk or sarsaparilla.

Working on Dr Martin's service was not only interesting but entertaining We had a great bunch, including several of the top men of my class, and they were quick with their wit, particularly my friend Perry Pepper who went on to become a great diagnostician, and professor of medicine on the Pennsylvania faculty On one occasion, after we had all been subjected to a tiresome week of having our throats, mouths, noses and fingernails cultured in an effort to locate the source of a pretty frightening epidemic of wound infections in the hospital, one of our brother interns came swaggering into the dining hall with his thumbs in his vest armholes and his white coat pushed open to make room for his chest.

"I'm the only clean guy in this place!" he crowed. "Not a single streptococcus in my throat!"

Perry looked up at him with a crinkly little smile. "Hell," he said, "no self respecting streptococcus would live in your throat."

You never saw anybody deflate faster

Being only a substitute, I was constantly on the lookout for a regular post with a good senior man, preferably in a city where there was an opportunity for growth. In those days there was no regular system for channeling young doctors into internships. You had to fend for yourself I finally got the break I wanted partly as the result of an invention which was really inspired by my natural repugnance to unnecessary work — I think that's been the case with a good many of the world's inventions.

Dr Martin was much interested in bone work, and treated quite a few fractures of the thighbone, or femur There is one thing sure about a broken femur and that is that the two fragments of the bone will be pulled past each other and thrown into gross deformity by the tremendous spasmodic contractions of those big thigh muscles irritated by the sharp fractured ends of bone. The only way to get the two sections of bone into line is by putting enough of a lengthwise pull on the leg to over

come the muscle pull, and in operating rooms all over the world in those days that was an intern's job. The patient was strapped to the table, and the intern grabbed his foot and pulled on it in the line of the leg while the surgeon reduced the fracture. Being a good husky fellow I usually got the assignment. I spent more time hanging on the end of a leg than I liked. My hands and arms and back got awfully tired.

In after years, when I was teaching surgery I used to ask my classes, "Whom do you consider the stronger a railway fireman, or a railway doctor?" That always got a laugh because the answer was so obvious, but it also drove home the point that a surgeon working on a fractured bone had better not try to reduce it with his unaided hands.

So one morning when I knew Dr Martin was going to do a femur I went down to the hospital machine shop and welded a clamp to each end of a three-foot steel rod. I took the rod back upstairs and clamped one end to the foot of the operating table and the other to an upright pedestal, so that my rod held the pedestal firmly three feet from the table. I hooked a pulley to the top of the pedestal and ran a clothesline through it. When the patient was brought in, I made a clove hitch around his ankle with a heavy muslin bandage, and tied one end of the clothesline to it. Then I hung enough sashweights on the other end of the line to produce the desired amount of traction so Dr Martin could fasten the two ends of the bone together without undue effort on his or anybody else's part.

The whole idea was simple enough. Everybody is familiar with Mr Newton's law of gravity and this was only a way of applying it. A sashweight was a logical choice as the heaviest object one can find around a building Of course mechanically applied suspension traction has been the key to treatment of fractures of the femur for many years. We now have so-called "fracture tables," which are so complicated it takes a team of Philadelphia lawyers and graduate engineers to work most of them. Even so a few sashweights at one end of a clothesline tied to an ankle with a muslin bandage do better Almost anybody

can put these at the right angle to pull the bone into place, and they stay at the right angle, because gravity always works the same way

My invention, however made quite an impression on Dr. Martin, as had my studies of the pathology and regeneration of bone during my leg-lengthening experiments. He went to the West Coast for a month's vacation at the end of the summer while I worked on the service of Dr Charles Frazer a fine brain surgeon. On the day of his return, Dr Martin marched up to me in a corridor pointed his finger at me and said, "Young man, I've got the greatest opportunity in the world for you. You get on the train and go out to Chicago and see John B. Murphy I was with him day before yesterday and he's looking for a fellow just like you."

I don't know what I said, but I know how I felt — like a young Roman soldier who had been offered a chance to learn military science under Julius Caesar Dr John Benjamin Murphy was, to my mind, the greatest surgeon on earth. He was almost legendary He was the inventor of the Murphy button which, for the first time in history had made it possible to sew two lengths of small intestine together end to end. He it was who had laid out the ground rules for the operation for appendicitis, proving that mortality only 2 per cent in the first twenty four hours after the attack, mounted to over 20 per cent after seventy two hours. He had developed the technic of pneumothorax for treating tuberculosis of the lung by injecting nitrogen gas into the pleural cavity thus collapsing the diseased lung and forcing it to rest. He was brilliant and colorful, the chosen doctor of the great, and almost a god to the thousands of lesser mortals he had treated.

It was not only Murphy I was going to it was Chicago. *There* was a city where a young surgeon had a real chance, a young man's town, with more life to it than ten Philadelphias or Bostons put together and not as many doctors to take care of its two million inhabitants as there were for Philadelphia's million and a half

I got a ticket on the first train out, which was the night train. I packed my bags and went around saying good-by Those farewells were not without a good deal of sadness, especially when I came to Dr Josh Sweet, Dr Marshall and Dr Willard, who had taught me so much, not only about medicine but about life. I promised myself I would never forget them, and I never did. They were pioneers, scholars, scientists, gentlemen and magnificent teachers. Nobody ever owed more to one group of human beings than I did to them.

My train pulled into Chicago about the middle of the after noon, and I think I was the first passenger off it. I remember slinging my suitcases into a cab and telling the driver to take me to the Reliance Building at State and Madison Streets as fast as he could. Boy was I in a hurry! Dr Murphy's waiting room was full of patients, of both sexes and of every description. I gave my name to a big, fat woman who seemed to be in charge of the place, and who had a bulging old-fashioned black leather purse fastened to her belt. I learned later that this was Miss Rittman, Murphy's faithful Irish, or part Irish, secretary and cashier She was almost as famous as the doctor himself. It was her job to see to it that the patients paid their bills before they ever got in to see the professor She had no cash register, but by the end of the day that leather bag was stuffed so full of five-dollar bills that she couldn't close it.

My name failed to strike any spark of recognition in Miss Rittman. I sat down among the patients. I waited while patient after patient got the summons, paid up and disappeared into the office. Not until the last of them had departed was I admitted, and that was well after six o clock.

Tall and straight behind his desk, the perfect picture of a doctor with his neatly parted gray beard, Dr J B. Murphy looked at me inquiringly over the rims of polished half-moon spectacles. He seemed as fresh as a man just starting out his day

"Dr Magnuson, did you say your name was?"

He pronounced it "Magnu son." I did not correct him, and

that was how he pronounced my name as long as I knew him, and so did almost everyone else in Chicago.

"Yes, Doctor," I said, expecting some reaction.

My identity did not seem to register with him at all. "I'm the one from the University of Pennsylvania," I said. "Dr. Edward Martin spoke to you about me, and you told him you were looking for a man like me."

That seemed to bring it back to him. "Oh, yes," he said. "Oh, sure. You did a piece of work in lengthening shortened bones of the leg. Found out a bit about regeneration of bony tissue."

"Yes, sir. I'm ready to go to work," I said. "When do I start?"

Murphy smiled at my eagerness. "I remember Dr. Martin telling me about you. He's quite an enthusiast, and I'm sure I told him I needed a fellow like you for an assistant, but I'm not ready yet for the assistant I have in mind."

"You're not?" I said.

"No, and it will be some time before I am."

I couldn't think of a thing to say while this sank in. It was pretty obvious that my friend Dr. Martin had pushed me off the deep end before there was any water to swim in. It was quite a drop, but I was in no mood to accept this thing philosophically. *Not me.* I looked Dr. Murphy straight in the eye.

"There is nothing in the world I want to do any more than I want to work for you, Dr. Murphy," I said. "If you can't find an opening for me on your service now I'll just have to wait until you can."

That must have made a good impression on him. He stood up and said, "All right, Magnuson, suppose you get yourself a job in medicine somewhere for a few months, and then we'll see."

He took me to the door in the most courtly fashion. At least I had not been permanently turned down. Nonetheless I was a pretty deflated young man when I got off the train at St. Paul the next day. Even seeing Alice again was not as enjoyable as it should have been, I was much too disappointed at the way

things had turned out, and much too busy trying to figure out what to do next.

Of course I would try to get a job. I decided my best strategy was to get one in Chicago, so I could keep in touch with Murphy to make sure he didn't forget about me and take on somebody else. I wrote to Dr Willard and others at Pennsylvania, asking them to do what they could for me. I also went to see every doctor in Minneapolis or St. Paul who I thought might be able to help. As a result of those calls on the local men, my resolve to go with Murphy was soon put to a pretty severe test. I was offered two positions, either one of which would have seemed remarkable to almost any young medical graduate in my pristine state of total inexperience. Both would have kept me in St. Paul, and both of them offered to me on the same day!

First came an invitation from Dr Bell, clinical professor of medicine at the University of Minnesota, and generally regarded as the leading practitioner in his field in the two cities, to visit him in his Minneapolis office, which of course I was glad to do. After not very much preamble, he asked me to consider coming to work as his assistant. The starting salary he quoted was very satisfactory There was no doubt that if I took the job, did the best work of which I was capable, and kept my health, I could wind up with a fine practice as an internist. He understood that my preference was for a career as a surgeon, but perhaps I would think it over a little, and let him know? I said I would.

I went from there to an appointment with Dr J Clark Stuart, who had his office out at the University where he was one of the professors of surgery When I walked into his bare laboratory—this was before they had a university hospital—I was still pretty well buoyed up by my interview with Dr Bell.

After polite greetings, as between professor and student, Dr Stuart, a short chunky man, mostly bald but with bushy black eyebrows and very dark eyes, fixed me with a sharp glance that undoubtedly had struck terror into the heart of many an erring student, and fired a question:

"Had you ever thought of coming back to the University in a teaching position?"

Dr Stuart then said, that he and his co-professor of surgery Dr Moore, had read my article on the lengthening of shortened bones of the leg. They felt I had a gift for research that ought to be made use of The University had no surgical research department, and they thought it was time to establish one.

He said, "We have spoken of you, a native Minnesotan who has spent two years at the University as a possibility for setting up this new department."

Of course this idea, on top of Dr Bell's invitation, inflated my ego considerably I thought of Miss Austin, and how it would strike her to learn that Paul Magnuson, the official Peck's Bad Boy of her class, was now at the age of twenty four being offered a job as a teacher at the University However I felt it necessary after thanking Dr Stuart for the compliment, to point out that I was not prepared as professors and teachers of surgical research of my acquaintance had been. To do a job on a new department, it seemed to me, even then, a man should have a thorough training in physiology and a knowledge of advanced physics and chemistry as well as being a good mechanic so he could devise new machinery and new instruments to carry out experimental surgical procedures.

"I wouldn't like to have the first thing I tackled turn out a flop because of my ignorance," I concluded.

Dr Stuart waved my protestations aside. "Young man, you have one thing that every research man needs, and that is imagination. Without that you don't get far because to the research man anything should be possible. As for your fear of failing I don't think anybody would expect you to make a success of every problem you were involved in — nobody ever has. And if you are a good teacher the burden will not rest entirely on you you will inspire your students to inquire into the whys, wherefores and whats of many conditions concerning which we know very little now"

Then he said something which has proven completely true

over the fifty years I have lived and worked since that time: "Surgery is just beginning to come into its own. We know nothing now — nothing at all — compared to what we will know in twenty years."

As for the immediate job at the University he told me I would have the privilege of conducting a practice of my own, as well as carrying on the research and teaching work in the laboratory Like Dr Bell, he gave me time to think it over

When the interview was ended, I galloped down to St. Paul, to Alice's house, and blew into her family's living room like a full-sized tornado. After allowing me a few minutes to calm down, Alice listened attentively while I told her about the two positions. You can be sure I did not neglect to point out that either one of them meant that in a few months I could afford to be married.

She thought about it all for quite a long time, looking away and looking back at me again. Presently she seemed to come to a conclusion. She began by saying it was wonderful, and that in fact *I* was wonderful to have attained the prominence of being offered two positions at the same time, so soon after my graduation from medical school. Listening to her praise, I came close to being convinced that I was quite a great man.

Still, there was something in reserve in her mind I could tell by the way she spoke and the way she looked at me. Presently it came out, in what was probably as foresighted a set of remarks as was ever uttered by a girl who had been engaged to a boy for six years, and had been waiting all the time that he was in undergraduate college and far away at medical school.

"Dear " she said, "I think it's very nice. It's more than that." She gave me her most level look. "What about the position with Dr Murphy?"

"I'm not sure I can get it, and even if I do, it won't make any money " I said. "There's no salary to it."

"So if you went to Chicago, we'd have to wait to be married."

"Yes."

"Perhaps quite a long time."

"Several years, probably"

"While you were learning to be a surgeon."

"Yes."

"Well, you know" she said very quietly "if you take one of these positions in Minneapolis, the day will come ten years from now when you'll look back and say 'If I hadn't married Alice just at that time, I could have gone to Chicago and become the top dog in the heap with Dr Murphy'" She shook her head. "I don't want that ever to happen. If you go to Chicago I'll wait for you."

There was one thing about Alice. She never would compromise on my self-confidence. She always built it up.

I started to say that whatever I decided to do, I would never hold any consequence of it against her but my protests only strengthened the set of her chin.

And that was that. There was no budging her I don't suppose any boy ever looked at a girl with more admiration and gratitude than I looked at her with that afternoon. In a very few words, she had taught me volumes about the seriousness with which a woman can love a man and she had shown me that she was a mature woman, clearheaded and farseeing.

The next day I regretfully declined both offers. Not long after that, word came from Dr Willard that he had arranged for me to get in touch with a very famous Chicago surgeon who held forth at a hospital on the North Side. This man had published several books on surgery and enjoyed a reputation almost as bright as Dr Murphy's. For reasons which will become apparent immediately I shall call him Dr X.

I took Alice for one farewell drive among the cabbage fields. I went down to Chicago, and called on Dr X He offered me a post as an extern in his hospital. An extern in those days was a sort of glorified orderly who received no pay not even the free bed that the interns got. The only thing the hospital contributed was his laundry and one meal a day — or two if he were kept over in the evening However it was a chance to learn. So my vacation at home, most of which I had spent with Alice, was

ended, and one bright morning I reported to Dr X, all eager to absorb some of the great man's wisdom.

My function was mainly to wheel patients in and out of the operating room, otherwise make myself useful and — as I learned to my amazement — give anesthetics.

The administering of anesthetics is now a highly developed specialty as it always should have been. To be an anesthetist requires as much training knowledge and technical skill as any other branch of medical science. But in those days, and in that hospital, they took an extern who maybe had never had a moment's experience, and handed him a cone of newspaper stuffed with wadded gauze, a towel, a bottle of vaseline and a can of ether Thus equipped, he was the complete anesthetist.

After the patient had been firmly strapped to the table, arms and legs and chest, the extern smeared the patient's nose, mouth and cheeks with vaseline, stuck the newspaper cone over his face, wrapped a towel around it, and started pouring ether from the can into the top of the cone. Meanwhile, between pourings, he continually adjusted the towel around the edges of the cone so there would be no chance of getting any air mixed with the concentrated ether he was decanting — in perfect disregard of the fact that ether is much more effective when mixed with oxygen. To be sure, the patient went to sleep but only after some agonizing struggles, which were blithely called "the stage of excitement." I have no doubt that the patient was semiconcious of being smothered, and went into convulsions.

This crude and often downright dangerous procedure went entirely against the grain with me. It was not what I had been taught, nor what I believed in. But it was evidently part of the routine, and in my inexperience I thought these people must know their business. Furthermore, I was told to do it that way So I did. Then when the operation was over I would cart the patient out of there, sometimes better off and sometimes worse off than when I had carted him into the operating room some minutes before.

Dr X did a great deal of operative work. I think it was principally from the sheer number of the operations he performed that he got a reputation for being a surgeon. He was one of your bluff, rough and ready types, and, to my way of thinking, entirely without conscience or regard for the welfare of the patient — which amounts to the same thing. Surgeons of his type were much more common in those days than they are now — men who would do a tremendous number of operative procedures every day and not care too much that some of them turned out very badly.

His aseptic technics were frightful, in my opinion. I had learned things at the University of Pennsylvania which I believed had to be done in order to have the patient get well. In Dr X's operations, there was an almost total disregard for all those things.

The surgeon nowadays makes a great distinction between asepsis and antisepsis. Asepsis describes the procedures followed to prevent germs from getting into the operating room and into the open wound. Antisepsis comprises those measures you have to take when your aseptic technic has failed and infection has set into the wound. Asepsis is a little like putting up screens to keep flies out of your house; antisepsis is swatting flies that have managed to get in. In that period of often downright crude surgery, not everyone had become persuaded of the importance of good aseptic procedures. Dr X certainly had not.

I was horrified to see this man slosh his hands through a pink solution of bichloride of mercury 1 to 10,000, then dip them in a little alcohol, and go from one operation to another. He would do a stomach operation, then a rectal procedure, splashing a little in his two solutions on the way between the two, then cut into a belly or a hip or any other part of the human anatomy with those same hands. He did occasionally wear rubber gloves when it happened to occur to him, but by no means always, and not even his surgical nurse, who argued with him more than anybody else dared to, could persuade him to correct his tech-

nics. Every once in a while after one of these arguments he would glare at her and mutter "Damned long legged old maid with atrophied ovaries, nobody can do anything with you."

She did the best she could with him, but nobody could change this man from what I regarded as a conscienceless butcher into a surgeon with fine technic.

What I saw result from some of his surgery also horrified me. One of his hobbies was injecting a mixture called Beck's Bismuth Paste with a syringe into almost anything that had a cavity I have seen him squirt this thick heavy substance, which was nothing but bismuth powder and vaseline, into a urethra after an external urethrotomy which is contrary to everything we know in the way of good surgical methods. Perhaps he thought he was preventing infection, bismuth being a mild antiseptic. Possibly he did this because he got so many infections anyway that he thought he had to do something to head them off

One of the most atrocious things I saw him do was in cases of empyema. The problem here is that a huge quantity of pus has accumulated in the pleural cavity and the way to get the patient well is to make a good big opening in the chest at the lower end, so the pus can run out, then give the patient two bottles with tubes in them to blow water from one bottle over to the other which puts pressure inside the lung and expands it down into the cavity It is a basic principle that there is never any place in the body for a nonfunctional cavity and if there is one, it will continue to suppurate and discharge as long as it is hollow Dr X would drain off the pus, and inject the chest cavity full of Beck's Bismuth Paste, which did not run out easily and which was also somewhat irritating and mildly toxic. I saw some of his patients again after a number of years in practice. They still had a chest full of this stuff and still discharging and they had developed a grayish "bismuth line" on their gums, evidence of poisoning

Of course I did not discover all these things immediately and for a while life there was not too unpleasant. I had found a clean boardinghouse close to the hospital, run by a very nice

widow named Bristol, with a young son named Jimmy She limited her house to two or three young men, or sometimes two young men and one other individual who in most instances had recently been discharged from the hospital as a patient and wanted to stay nearby in order to receive convalescent treatment. Here in this boardinghouse began a friendship that was to last for many years.

My room was on the third floor front. One day the other front room was taken by a handsome young fellow with wavy auburn hair and a rather florid complexion. Somewhere in the neighborhood of six feet two in height, he was an Adonis if I ever saw one. Like me, he was a stranger in Chicago — he was from Kansas City — and he also was an extern at the hospital. We soon found many points in common and developed a healthy respect for each other His name was Logan Clendenning, a name which was to become familiar to almost everyone a generation or so ago who read medical stories and medical subjects presented for the layman.

Logan shared my opinion of what went on in the hospital, but both of us felt we had to stick, and we did. Neither of us had any money to spare, both of us being on allowance from our parents, so in order to get a little fun out of life we scrimped and saved as much as we could from day to day so that a couple of times a month we could have a party Usually that meant a pair of seats in the top gallery of a theater If we were feeling particularly flush, we would have dinner together We both appreciated a good meal once in a while.

There were two places where we liked to go. Both of them were expensive for those days, but they had the best food in Chicago. One was the Tip Top Inn on the top of the Pullman Building at Michigan Avenue and Adams Street; the other was the St. Hubert's Grill, on Plymouth Court just south of Jackson Boulevard. When we did not have enough money for either of these we would settle for some cheaper place for a snack after the theater

On a good many of these evenings out, my friend Logan demonstrated a couple of traits that helped to make our friendship not only memorable but a trifle exciting The first was that he liked to combine a little hard liquor and wine with his good meal, and thus deepened the color of his cheeks and caused his spirit to give forth an incandescent glow The other was that he was the kind of young man at whom the girls would cast an eye almost any place where he appeared, and he was not at all averse to casting his own eye right back, never more so than during and after a first-class meal. Sometimes the casting became so frequent, so intense and so thoroughly two-sided that some hard-boiled young man with a young woman at a table would get up and come over to us looking for trouble.

Logan was not much of a hand at backing down when some body wanted to find trouble. In fact he was always more than ready to help. In my complete sobriety of those days, my assignment was to keep us out of a brawl. Sometimes it required a good deal of diplomacy on my part to soothe the offended young man, get Logan out the door and make our apologies to the management. But we got away every time without having our faces bashed in, and I considered that quite an accomplishment in diplomacy

Whenever the chance afforded itself I took a trip down to Mercy Hospital on the South Side, to see Dr Murphy and try to find out when he was going to be able to use me. In his somewhat lofty manner he always told me to keep on with my present work; the day would come. As a result, I felt in a precarious situation, never being perfectly sure what my prospects were.

One day when I was making the rounds with Dr. X and some of his staff I saw what had become a familiar sight: a recently admitted patient being packed in big hot, wet five yard rolls of gauze soaked in boric acid and a little alcohol. This was a favorite procedure of Dr X's.

"Dr X.," I said, "why do you order this solution put on so

many patients this way regardless of whether they have an acute inflammation, a syphilitic inflammation, or no inflammation at all?"

He glared at me haughtily waved his hand and said, in a completely cynical tone "Oh, what's the difference? They all die or get well anyhow"

I looked at him with what I am afraid was plain disgust and said, "Doctor if that is the way this service is run, and that is your opinion of the care of sick people, I am leaving right now while I still have left some of the ideals I learned in medical school."

If he attempted any reply I didn't hear it. Before he could open his mouth, I had turned and headed out of the ward and down the stairs to the basement where my locker was. I bundled up my things and lugged them over to my room. Half an hour later, I was in Dr Murphy's office.

It was pretty late, at least seven o clock, but Murphy as I knew worked late, and he still had a few patients left in his waiting room. Miss Rittman knew me well by this time, and I got in quickly It did not take long As briefly as I could, I told Dr Murphy what had happened at the hospital across town. He listened attentively watching me with narrowed eyes, delicately brushing the two sides of his gray beard and mustache outwards with his fingertips.

"Dr Murphy" I concluded with all the emphasis at my command, "I can't wait any longer Either I'm coming with you right now or I've got to find something else to do of a permanent nature."

He looked at me for a minute. "Maybe you'd better come out to the hospital in the morning" he said.

Chapter Six

When I turned up at Mercy Hospital very early the next morning I half expected to be met and welcomed to the fold by Dr John B Murphy himself

That expectation proved I didn't know Murphy He came in at about 8 30 and with his long fast strides walked right past me to the surgeon's dressing room. As soon as his clothes were changed and the first patient was wheeled in, he went into the clinic and started to work, all this without paying the slightest attention to me.

Not knowing anything else to do, I sat on a stool on the side lines, wondering what my assignment was going to be. There was no visible place for another member on his operating team. His first assistant then was Dr Jimmy Neff, a fine surgeon in his own right, who knew every move Murphy was going to make and did a lot of thinking in advance for him. His second assistant was Dr John Golden. Sister Victorine, his surgical nurse, was just as canny as Neff at putting things into Murphy's hands the instant he needed them. That is one of the things that make a surgeon stand out in the eyes of the audience: to have assistants and a surgical nurse who know how to serve him intelligently Sister Victorine used to have three tables of instruments, all covered up. She knew exactly what was on each table, and she would raise the corner of its cover just a little bit when she thought she might require one of the instruments on it. The instrument might not have been

used at all previously, but often she had it in Dr Murphy's hand before he knew he was going to ask for it. I learned from watching Sister Victorine how invaluable a nurse like her could be, besides which she was a fine woman, kind, thoughtful, skillful and beloved by everybody

But it was more than Murphy's own outstanding skill and that of his assistants that brought surgeons from all over the country to that operating room. He was a great teacher and, like all great teachers, he had a magnificent streak of the theatrical in him. A noble figure in his long white gown, and with those penetrating eyes flashing over the rims of his gleaming half moons, he made every movement a telling and dramatic one. The effect was heightened by his handsome regular features, his short-cropped beard and mustache combed both ways from the middle, and above all the beautiful shape of his head, high and perfectly proportioned, its summit highlighted by a gleaming bald spot across which he had his hair smoothly brushed from his right temple over towards the back of his left ear A good many of the visitors came as skeptics, ready to find fault with the man, but none of them could forget the show Murphy staged for them in that lofty sky lighted room. It was really something

He performed, I think, seven operations that morning One of them I will never forget. It was a dissection of the neck, a very complicated operation. In doing it, the great man nicked one of the large arteries. A geyser of blood instantly spurted towards the ceiling The audience gave a great gasp Quickly but in the calmest manner possible, Murphy slipped the end of his thumb over the spout, looked up at the audience and said, "Never mind, gentlemen, never mind. We are perfect masters of the situation."

And he was. In no time at all, he had the hole in the artery sutured, and went on with the operation as though nothing had happened. To him, it was nothing It was a thing that had to be handled at the time, not a catastrophe, regardless of what an impression a fountain of blood shooting into the air

two or three feet might make on an audience It was a circumstance that a surgeon should be able to meet without undue loss of aplomb or of the patient's blood.

After that day's surgery was over which was about one o clock, Murphy came into the dressing room where he had told me to meet him. He looked at me in a very kind and pleasant sort of way

"Magnuson," he said, "you are going to start our laboratory"

It was a surprise to me. I knew very little about laboratory work, except the rudiments I had picked up in medical school, which would not be very good equipment for the real thing. But J B. Murphy didn't wait for an answer He took me by the elbow and propelled me along the hospital corridors and around the corner to a little room where a few dirty bottles and test tubes stood untidily on a wooden shelf under the window The room itself was not more than eight feet on a side, and was situated nearly half underground. The bottom of the window was level with the surface of Calumet Avenue, in perfect position to receive the full benefit of Chicago's famous winds, along with thick clouds of dust and dirt that swirled up from the street in those horse and dray days.

It would be hard to imagine a filthier hole. Everything was caked with dirt — the window the walls, the floor the working area, the counter shelf the glass containers. In some of these you could not see the reagents inside. Yet this was the place where all of Mercy Hospital's laboratory work, such as it was, was done.

And *how* it was done! A few days after taking over I discovered that the usual way to do a urinalysis was to put the specimen in a test tube, after which the intern who had brought it down and was supposed to test it would tap the side of the tube with a pencil and say "I guess there's no albumen or sugar in this." And that was the report that went back to the physician or surgeon in charge of the patient. It seems incredible in view of the importance which is now rightly placed on laboratory findings.

My first concern was that dark little room itself It would have to be completely transformed, and I mean completely So, without further preamble, I went to work.

I took all the bottles and other glass pieces and dumped them, whether broken or not, into a bushel basket. I poured the reagents down the sink· they were so weak they didn t even react within the pipes going down. The janitor let me have a mop, a bucket and a big scrubbing brush. Using plenty of Kirk s American Family Soap and Lysol, I scrubbed the walls and shelves, cleaned the grime of years from the window-panes and swabbed the floor

People in the hospital heard about this and came around to see what kind of crazy man this was who was doing work of this kind, although he was a graduate doctor It made no difference to me. It is my nature that I cannot work in a dirty or untidy place. Somebody had to bring order and cleanliness out of this mess, or I couldn t have stayed in it.

Murphy had told me that Mercy Hospital had a contract under which Northwestern University Medical School was supposed to furnish our laboratory supplies. All I needed to do was to walk four or five blocks to Northwestern, and get what we needed from Dr Long who was in charge of the laboratory there.

The one person who did not seem to understand this arrangement was Dr. Long He advised me that he knew nothing about furnishing me or Mercy Hospital with any supplies, and that he had not been informed of any contract between the university and the hospital.

When I could catch Murphy the next day I told him what Dr Long had said.

Murphy said, "Well, there is a contract, and I want you to get those materials."

"I will, Doctor " I said.

First, I reviewed in my mind what materials we would need, then I drifted over to Dr Long s laboratory and spotted the places where they were kept. While doing this, I encountered

Dr Long's assistant, Dr William H. Holmes, who in after years was to be the closest friend I had in Chicago but at this point he was no help. I told him my troubles and did my best to convince him he should loosen up with some supplies, but that North of Ireland Scotsman turned out to be tighter than Long I beat a strategic retreat back to Mercy and made up my mind what to do.

Late the next evening I went back to Northwestern with two large market baskets over my arm. I entered by the front door as though I belonged there, and proceeded to the second floor The laboratory was dark, I tried the door It opened. I turned on the lights and, without hurrying too much, loaded my baskets with all the chemicals, bottles, test tubes, decanters and stands they could hold, and carried them back to my laboratory

About noon of the second day following when Murphy was through operating he came bouncing into my laboratory By that time, I had most of the bottles and chemicals installed. Murphy looked around at them and said, "Dr Edwards wants you fired."

"Who is Dr Edwards?" I asked.

"He is merely dean of medicine at Northwestern University" Murphy said. "Did you get an order from him for these supplies?"

"No, sir I didn't. I didn t even know who he was."

"Well," Murphy said, "he came into my office yesterday after noon, so mad he was purple in the face, and he said one of my men, naming you, had entered Dr Long's laboratory and stolen a lot of supplies." He looked around again at my neat array of stuff "Couldn t you get permission to take them?"

"No, sir I told you I couldn t, so I took them without per mission, and here they are. You ordered me to get the stuff I got it."

"Well," he said, with a faint suspicion of a smile, "next time it would be more tactful to get an order from the dean before you take things away from the medical school." That was all

My first concern was that dark little room itself It would have to be completely transformed, and I mean completely So, without further preamble, I went to work.

I took all the bottles and other glass pieces and dumped them, whether broken or not, into a bushel basket. I poured the reagents down the sink they were so weak they didn t even react within the pipes going down. The janitor let me have a mop, a bucket and a big scrubbing brush. Using plenty of Kirk s American Family Soap and Lysol, I scrubbed the walls and shelves, cleaned the grime of years from the window panes and swabbed the floor

People in the hospital heard about this and came around to see what kind of crazy man this was who was doing work of this kind, although he was a graduate doctor It made no difference to me. It is my nature that I cannot work in a dirty or untidy place. Somebody had to bring order and cleanliness out of this mess, or I couldn t have stayed in it.

Murphy had told me that Mercy Hospital had a contract under which Northwestern University Medical School was supposed to furnish our laboratory supplies. All I needed to do was to walk four or five blocks to Northwestern, and get what we needed from Dr Long who was in charge of the laboratory there.

The one person who did not seem to understand this arrangement was Dr Long He advised me that he knew nothing about furnishing me or Mercy Hospital with any supplies, and that he had not been informed of any contract between the university and the hospital.

When I could catch Murphy the next day I told him what Dr Long had said.

Murphy said, "Well, there is a contract, and I want you to get those materials."

"I will, Doctor" I said.

First, I reviewed in my mind what materials we would need, then I drifted over to Dr Long s laboratory and spotted the places where they were kept. While doing this, I encountered

time, and this was an assignment I meant to carry out in first rate style. But my schedule did not seem to be too popular among some of my colleagues. One day I was visited in the laboratory by the senior intern and two others.

"Look here, Magnuson," said the senior intern, whose name was Frost, "you've got to quit this business. We know you can't put these specimens through that process without working at least sixteen hours a day. We know you're staying up till eleven o'clock every night to change your paraffins and get them set for the next morning's blocking and cutting."

I laughed and said, "You're telling me! I'm the fellow who's doing it. But I haven't anything else on my mind, and if I get out on Sunday that's all I want."

"Well," said Frost, "you'd better stop it. The first thing you know Murphy will be expecting us to do the same thing."

One of the others said, "Look, if Murphy wants a pathologist willing to work sixteen hours a day why doesn't he hire one, instead of using an intern?"

"Gentlemen," I said, "as long as Murphy likes what I'm doing I don't care what you think of it."

Frost turned red in the face, but they must have realized I meant what I said, because they went away. I continued giving Mercy Hospital twenty four-hour laboratory service as long as I was on that assignment.

I was living by this time at the Metropole Hotel on the corner of 23rd and Michigan, one of the nicest family hotels in Chicago and of course far out of my reach financially if I hadn't had one of the many strokes of luck that have come to my rescue all through my life.

Murphy had planned to get me a room in the hospital, but had run up against a clause in the contract with Northwestern which said that Northwestern was to furnish Mercy's interns. As a Pennsylvania man, I was refused a room. That refusal, incidentally, was the beginning of a feud between Murphy and Dean Edwards of Northwestern Medical School that was to continue until Murphy died.

Murphy came and broke the news to me that I would have to find a place to live, preferably somewhere nearby. Not many years before, this neighborhood — Mercy Hospital was located between Prairie Avenue and Calumet, on 26th Street — had been one of the best in Chicago but now it had started to degenerate. Every moment I could steal from my work I spent trying to find a room as clean and satisfactory as the one I had with Mrs. Bristol on the far side of town. I trudged endlessly up one street and down another ringing the doorbell of any house that had a "Room" sign in its window but oh, what sordidness! It was just too much for a country boy. I couldn't take it.

How I happened to stroll into the Metropole after one of these unsuccessful room hunts, I wouldn't know. However, the lobby was so clean and well furnished that I couldn't resist asking the clerk how much was the cheapest room he had. He quoted me a price per week that was equal to about half my month's allowance, and I probably looked so woebegone that he took pity on me, because he said, "Would you really like to live here?"

I said I certainly would, and he asked if he could show me a room they couldn't rent to their regular clientele. We went up to the sixth floor, he unlocked a door and I saw a little L-shaped room running around two sides of the elevator shaft, with a small bath at the end of the L, one window facing north and furnishings consisting of a cot, a dresser and a chair. There was just about room for a fairly thin man to squeeze through between them. But everything was spotless.

"I don't need any more room than this," I said. "I won't be here much except to sleep, anyway. How much can you let me have it for?"

"Well," he said, "we don't have a doctor in the house, and our help need medical care from time to time. I was thinking, if we had a doctor here who didn't charge anything —" he hemmed and hawed a little — "oh, do you suppose you could pay fifteen dollars a month for this room?"

I thanked him with dignity so he wouldn't know how really grateful I felt. Some of the rooms in that hotel were renting for as much as fifteen dollars a *day*. It did not take me long to move my belongings down from the North Side.

I never had any cause to be sorry I had wandered into the Metropole that day. I not only took care of the hotel employees whenever necessary but after a while I occasionally got a professional call from a guest, which helped pay the rent and was very gratifying to one of my age because it made me really and truly a doctor building up a practice, not just a young whelp around the hospital. By this time, I had passed my State Board exams.

One of my patients at the hotel was a girl named Violet Dare, who was a really good musical comedy singer and dancer. She was starring at that time in *The Flirting Princess* at a downtown theater, and had the misfortune to get a bad infection of one of her big toes. I lanced it for her. Of course the proper treatment would have been to give the infected part complete rest for several days, but Miss Dare insisted that the show must go on: so, every week night and twice on Wednesdays and Saturdays she danced on that poor toe in what must have been excruciating pain. And every night I went to her room, put hot compresses on her toe, which was swelled up to about the size of a golf ball, and tried to persuade her that the show wasn't as important as her health. She went right on dancing, and eventually the swelling disappeared. I really admired that girl's courage.

Among the most rewarding and pleasantest friendships I had at the hotel was one with an unmarried lady a number of years my senior. Almost every Sunday she used to take me out for a spin in her chauffeur-driven White Steamer, a huge brass-bound vehicle of great luxuriousness. We usually went somewhere in the suburbs and sometimes had lunch at a good restaurant. Miss T was a widely traveled and well-read woman. I enjoyed our talks, the excellent food which was costing me nothing, and the chance to see something of Chicago and its

environs. I suppose she invited me because she wanted to befriend a seemingly lonely young man, and, being over six feet tall, always well-dressed and perhaps not bad-looking, I was probably fairly acceptable company for Sunday I am sure there was nothing more to it, not at first anyway

So on a Sunday night after one of our expeditions I was in my room reading when the telephone rang It was Miss T

"Paul," she said, "would you please come down and see me?"

"Are you sick, Miss T?" I asked.

"No Oh, no I'm not sick. I only want to talk to you about something"

Not thinking much of it, I went down to her suite. When I knocked, she called out to me to come in, the door was on the latch. Her living room was dimly lighted by a single shaded lamp Miss T was not in sight. Her voice came to me from the bedroom, which was in darkness, as I could see through its open door

"Paul, I m in here. Come on in." I stood where I was. "Paul, aren t you coming to see me?"

I didn t need a guide book to know what was going on. I won t say I wasn't tempted. Miss T was not at all unattractive, and I felt both sympathetic and grateful to her but she didn t know the strength of the Presbyterian upbringing my mother had given me, or of my devotion to Alice.

"Miss T" I said, "I like you very much. I've always enjoyed your company You re one of the best friends I'll ever have. But I ve told you I'm engaged to be married. That's very important to me. I think I'd better say good night."

Miss T didn t reply so I left and went back up to my room. That put a stop to our Sunday excursions, but when Alice came to spend a few days in Chicago a little later Miss T took her out for a drive and entertained us both lavishly at dinner When I was saying good night to her and thanking her she dropped the only remark I ever heard her make about that Sunday evening

"Your little Alice is lovely" she said, "such high color so warm! But I think you have no blood in you at all."

The doctors in the hospital seemed to like my laboratory service. They began to insist on more and more of the same. Pretty soon it became too much for one man to handle, and they gave me an assistant to do the routine work. This in turn set me free in the mornings to take part in the operating room clinics. At last!

I was what was called a second assistant, a rank which entitled me to do what I was told of a medical nature around the operating room, and during an operation, stand close at one side of the table, holding the retractors which pulled the wound open so the surgeon could work inside, concentrating on keeping them at exactly the angle Murphy had indicated and putting just the right amount of pull on them. If you let the wound become the least bit twisted, or failed to keep it far enough open, Murphy never wasted words on you. You got a sharp rap on the knuckles with an eight inch clamp.

He worked with a tremendous concentration, which enabled him to operate very fast and still give close attention to every minute detail, and his running explanations of his procedures to the visitors looking down from the amphitheater were always clear precise and, to me, fascinating Believe me, I appreciated the chance to be there.

At the same time, I found out that one of the problems for a very junior assistant on Murphy's team was to keep one's self-respect. He was so magnificent a figure himself that he was inclined to overlook other people s dignity as human beings. He could be tremendously sarcastic, and was not above getting a laugh from the audience at the expense of his assistants, one of whom he rode and ridiculed from morning to night in a way that I wouldn't have been prepared to stand for

One day when I was sitting in the operating room on a stool on the side lines, not actually engaged in the operation then going on, a fly came buzzing around. Everybody in an operat

ing room regards a fly as a catastrophe. Almost always it will go straight for the open wound, and then you have infection, frequently ending in a disability of the patient that may last for months. Sister Victorine tried to get rid of that fly but she could not catch it because she was too busy defending her tables of instruments against it. When the fly zoomed up into the amphitheater several people up there made swipes at it, without success. Finally Murphy became a little impatient with all this swishing about. He turned away from the operating table, looked at me with those piercing eyes of his and said, with what I considered a dirty sneer:

"Magnuson, catch that fly!"

His tone raised the hair on the back of my neck. I would have been very glad to catch that fly if I could. What got under my skin was the way the audience snickered at Murphy's manner in giving me the order — as though I were the official flycatcher of the clinic. I got up and walked over to where the fly had last been seen. It wasn't there any more. I scouted all around. It was nowhere in sight. So I walked out of the operating room.

I waited for Murphy in the dressing room afterwards, and when he had his mask and gloves off said to him, not in temper but fairly firmly:

"Dr. Murphy, I am here to do anything I can to help and to learn. But I don't like being made a monkey of either in private or in public. I am sure you didn't mean anything insulting when you ordered me to catch that fly, but the tone you used made the audience laugh. It implied that I was good for nothing around here except catching flies, and I don't like it."

Murphy looked at me, then smiled and said, "I didn't mean to insult you, and if I did, I apologize."

That was the last time Murphy ever did or said anything that could be considered the slightest affront to me. In fact I got along very well with the great man, although I never enjoyed any sense of personal familiarity with him, or any

real feeling of a relaxed and easy interchange of ideas. He was always the giver of wisdom from on high, even when he really wanted to unbend towards his assistants and students.

We younger men had a little medical discussion group which met occasionally in the dining room of his house on Michigan Avenue, about six blocks from the hospital, the central idea being that at each of these meetings one of us would speak on some particular subject. When it came my turn, I chose injuries of the knee. I prepared myself by spending all my spare time in the anatomical laboratories, dissecting knee joints until I thought I knew every ligament, cross-pull, motion, strain and tension of that enormously complicated piece of bodily machinery. But how to demonstrate my points? Drawings of the human knee did not seem good enough, because I intended to make this the best exposition on that joint ever heard in Chicago. No, I needed a real knee. That night, when I walked over to Murphy's house from the hospital, I had under my arm the whole leg of a cadaver wrapped up in a piece of oilcloth.

Mrs. Murphy and her three attractive daughters were fortunately upstairs when I unwrapped the leg and laid it out on her beautiful mahogany dining table. I am afraid, though, that the odor of the anatomical laboratory was still noticeable in that dining room when they came down to breakfast the next morning.

At any rate, I launched forth pretty confidently on my lecture, opening with what was to be a thorough analysis of the anatomy of the knee. Almost immediately I noticed that Murphy was itching and squirming in his chair at the head of the table. I had not spoken for ten minutes before he got up, came around to where I stood, took the specimen out of my hand, and for a solid hour and a half held all of us spellbound about knee joints, what happens to them, what can happen to them and what he himself had seen happen to them. It was fascinating, authoritative, inimitable, but it didn't do my morale any good, and that was the trouble with Murphy.

Tremendous teacher that he was, he could not bear to listen to anyone else teaching

One of the effects of this personality trait was that he never held top men as his assistants very long We used to say around the hospital that he "ate them up." No matter how much they might learn from him — and that was plenty — the time always came when they felt stifled, and quit.

On the other hand, he had a fantastic ability to capture the loyalty of the patients who flocked to him from hundreds of miles around. No matter how many of them there were, he took care of them all himself before, during and after the operation, devoting two whole mornings a week to examining his postoperative cases, having their dressings changed and checking on their progress. He never delegated anything if he could help it, except that he did allow Dr Neff to sew up. Occasionally one of his cases left the hospital with a very poor result, but I never heard of any who went away blaming Murphy Their attitude, at which I always marveled, was that if Murphy couldn't do it, it couldn't be done; it was the will of God.

One day he arranged to have a recent case of his appear in the amphitheater as a dramatic example of a successful arthroplasty of the knee. This man had a stiff knee and Murphy had opened it, carved a new knee joint out of the solid bone, and interposed tissue between the two bones which had been separated. The patient's assignment on this day was to walk unaided across the operating room floor and thus show the audience, a group of distinguished visiting surgeons from the East, what a success the operation had been.

I was in the dressing room outside the amphitheater when the man arrived. To my consternation he was dragging himself along and not too nimbly at that, on a pair of crutches. Waiting in the dressing room, out of sight of the audience, he leaned heavily on them, and looked about as much of a cripple as one could imagine. But when Murphy called his name, he

straightened up, gritted his teeth, and thrust the crutches into my hands.

I said, "You're not going to try to walk without these crutches, are you?"

He looked me fiercely in the eye.

"If Dr Murphy wants me to walk," he said, "I'll walk, Doctor. I'll walk for him!"

With that, holding himself erect, his lips compressed with the pain of the effort, he marched out into the amphitheater like a Christian entering the Roman Colseum. His entrance was greeted by a volley of applause. Half a dozen times, as he made his way across the operating room and back again, I thought he was going to fall, but he managed somehow to complete the trip. Once safely out of the audience's sight again, he collapsed into my arms.

"I never thought you'd make it," I said.

"Hell, Doctor," he panted, "you didn't think I'd let the Old Man down in front of a bunch of damned Easterners, did you?"

You could be sure that life with John Benjamin Murphy would never be dull. His restless energy, flamboyant personality and superb technic, his daring in trying the new and unorthodox, his personal feuds with half the other surgeons in town, combined to create an atmosphere of excitement, of being on the inside of the greatest and most dramatic developments in the whole world of medicine at that time.

In that winter of 1909, I saw Dr Murphy use what was to me a completely unheard-of technic on a woman who had the kind of fracture most people call a broken hip. The hip, of course, is a classic ball-and-socket joint. The socket is on the side of the ilium, or pelvic bone, and the ball that rotates in it is on the end of the neck of the femur, or thighbone. This narrow neck, especially in elderly people whose bones have become brittle, is very likely to be broken off. The problem in such a case is to get the separated neck back in place

at the right angle to the top of the femur and hold it there long enough so it can grow back again.

In those days this broken hip, or more properly fracture of the neck of the femur was usually treated by what was called the Whitman method, which involved spreading the patient's legs far apart, turning the toe in and putting a cast on from the end of the toe on the affected side clear up to around the chest, with the hips straight or sometimes pulled back into an extended position. In many cases, because the patients were usually past sixty this so-called treatment resulted in hypostatic pneumonia, bed sores on the heel and hip, terrific discomfort, and not infrequently death. The patient was supposed to be held in this tortured position for not less than thirteen weeks!

No wonder orthopedic and general surgery had been on a search for a method which would relieve the patient of this prolonged agony and give better results. The Whitman method produced not over 40 per cent unions or cures. The patient was left with a more or less stiff hip, knee and ankle for months afterwards, if not permanently

What I saw Murphy perform was an operation to fix this fracture by driving a heavy spike up from the outside of the upper end of the femur through the middle of the neck, and into the head of the bone. This is what is called nailing, and now is a generally accepted method. The only major difference is that, instead of iron nails, which were all we had in those days, we have nails made of vitalium, a nonirritating nonelectrolitic metal, which does not cause any undue amount of softening around the place where it comes in contact with the bone, which was the trouble with the iron nails.

And as for methods of doing that operation, I would still choose Murphy's approach over others which have been recommended since. He went through the side of the thigh at a right angle, which put him in position to drive the nail straight in.

I helped with every sort of operation from the simplest to

the most difficult. I was with him while he sweated for three solid hours to save the life of a penniless washerwoman with an obstruction of the duodenum. And one dark 2 A.M. I saw him digging literally up to his elbow in the abdomen of Chicago's Mayor Busse, who weighed over three hundred pounds, trying and trying to find the Mayor's infected appendix, and at last coming up with it in a condition near to bursting.

Yes, quite a man was Murphy, with all the attributes you see in successful individuals in any business or profession, as well as a highly scientific mind. I always used to think that if he had begun life as a hod carrier he would have wound up as the president of a big construction company.

After a year or so with him, during which I wasn't paid a cent, I went to him in our dressing room after surgery was finished one day and told him I honestly thought I ought to begin making a little money.

"You'll find it always comes in useful," he said. "Yes, you're right. It's time you set up in practice for yourself." To my surprise, he put his hand on my shoulder. "I think if I were you, I'd go over to Halsted Street. That's where I started. You can help me here in the mornings and go out there in the afternoons." He smiled a little. "The dollars you get will be dirty and maybe some of 'em will stink of the slaughter house, but you'll get more of them there than you would anywhere else, and more experience along with them."

So that's what I decided to do. I was twenty five years old. What a nerve I had in those days!

Chapter Seven

I WROTE TO ALICE, telling her to come right down. She could visit her brother and sister-in-law who lived in Woodlawn, out near the Midway. She didn't hesitate any more than I would have if she had sent for me under similar circumstances. She took the first train after getting my letter.

I remember in the evening at her brother's house, she wore a dress of Alice blue silk which made me think she was the very girl the color had been named for. It was the perfect shade for her rosy complexion and soft brown hair. I told her about my plans, and asked her if she would come and help me find a good location for an embryo surgeon. Of course I could have done that by myself, but I wanted her to take part in it. That was the way we were with each other.

We met at Halsted and 63rd Streets the next afternoon after I was through working with Murphy. At that time of day the streetcars were not crowded. We boarded one heading north on Halsted Street. Alice sat on one side and I on the other. This way we could look over both sides of the street. Luckily it was a bright, warm September day, because the car windows were so dirty we couldn't have seen a blessed thing if they hadn't been open.

Halsted Street was one of the most interesting places in the world to me, a roaring street of factories, slums, pool halls, saloons, pawnshops, stables and everything else you could think

of, swarming with every ingredient of the melting pot of Chicago.

Alice and I didn't spot anything that looked very promising for a doctor until we reached the most important institution on Halsted Street, the stockyards, which run along it for two miles, from 47th to 39th Streets. When the car stopped at Root Street, which runs east and west at the main entrance to the stockyards, I looked at her and she looked at me, and we got off. It was a tremendously active neighborhood. The Halsted Street cars, the Root Street cars and the elevated tracks all converged at that point. Here was the front gate of the stockyards, at the head of a wide thoroughfare, called Exchange Avenue, running straight west down the middle of the yards to Swift and Company's building, past the Stockyards Inn, the amphitheater and the offices of the Stock Yard Company itself and the Chicago Junction Railway. Through the channel created by these streets and buildings, the laborers, stockmen, slaughterers, meatcutters, clerks, porters, engineers, switchmen, managers and others who made their living in the stockyards flowed in and out, not only by day but most of the night. The cattle trains used to come in during the hours after midnight, and the buyers were out there at three in the morning to get their pick of the animals. Dirty and noisy as this place might be, it was alive. Here was humanity in abundance, not so pretty but real and, I thought, subject to lots of ailments.

Alice suggested we ought to scout up and down the street and see how many doctors' offices we could see. We found five. I knew one name, that of Dr. Hagey, who had been there many years and was regarded as a fixture. He was a good man, but I didn't have any information on the others.

"What do you think?" Alice said.

"Five isn't so many," I said, "These people around here may not know it yet, but they need another good doctor and that's me."

Right opposite the stockyards we saw an unpretentious hotel

and saloon called the Allen House. I went into the saloon and introduced myself to Mr Allen, the proprietor He was a little short, round, fat man, and one of the mildest-mannered individuals you ever saw I found out afterwards that he never took a drink himself — a rarity among Chicago saloonkeepers in those days. I asked him if he had any rooms to rent upstairs.

"What do you want one for?" he said.

I replied, "To open an office. I'm a doctor"

He said, "You go ahead upstairs and see the woman up there. She runs the rooms."

So my girl and I climbed steep, straight stairs to the second floor where the woman met us in a large old-fashioned sitting room. She showed us two connecting rooms on that floor This rooming house evidently catered mostly to the farmers who brought cattle into the stockyards, and it seemed perfectly respectable in a somewhat dingy way So, with misgivings, we asked the landlady how much the rent was. She looked us over pretty carefully and I think maybe her heart softened towards us as a young couple just starting out in life, because she quoted me a price of only twenty five dollars a month. I asked her to let us talk it over

We went downstairs again, and on the sidewalk I said to Alice

"Do you think you can live there while I am getting started?"

She said, "I can if you can."

"Well," I said, "we're not going to. I intend to be successful, and I don't plan to have to live on Halsted Street."

She laughed, "I knew that when you asked me the question."

She waited on the sidewalk while I went back upstairs and rented the rooms. When I put her on the train the next day I told her it would not be long before I would be coming after her, to bring her back to Chicago permanently She said she didn't have any doubt about it, her confidence was just as strong as mine.

The front room of my office was already furnished. I fixed the back room up with a roll-top desk and a cheap examining

table, which I painted white, a swivel chair for myself and a straight chair for the patients who, I felt sure, would soon be besieging the place. I had a telephone installed in the back room, right over Mr Allen's bar And I had my name painted on a shingle and nailed to the side of the door downstairs.

So there I was, established on my own. I wrote to my father to tell him he didn't have to send me an allowance any more; I was off his back at last. He wrote to say that that was all right with him, if I wanted it that way But there was one thing worrying him. He had been brought up to believe that a doctor had to have two things a fur-lined coat and either a horse and buggy or an automobile. If he didn't, he wasn't a doctor I already had the coat, which he had given me some time before. Now here was a check — I must go and buy myself a car I did not hesitate long if at all. It was three miles from Mercy Hospital to Halsted Street, and I had been really worried about the amount of time I would have to waste getting back and forth by streetcar especially in view of my old prejudice against that form of transportation. I went downtown and bought a little secondhand two-cylinder Autocar runabout, painted dark blue, with big brass acetylene headlamps, a pair of seats away up high and the general appearance of a buggy trying to find a horse. It made a noise like a power lawnmower and was not much faster than one. But it got me where I was going in the style I wanted and did wonders for my morale.

Every day when operating was through at Mercy Hospital — the laboratory had been turned over to somebody else — I bought a sandwich at the hash-house on the corner, chugged out to the Allen House in my Autocar climbed the stairs to my office and made ready to receive my patients as they came marching in. I sat there, and no patients appeared. The telephone remained silent. After a couple of weeks of this, if an alley cat had strayed up those stairs I think I would have ushered it in like visiting royalty Of course it is traditional that this is what happens to young doctors when they first put out

their shingles. Nevertheless, it jolted me to find that nobody in the world had the slightest interest in the fact that I had come to Halsted Street and nobody cared what a good doctor I thought I was.

I reasoned that there must be plenty of business about with all that manufacturing and commotion, all those cattle trains coming in at night, all those men uncoupling freightcars, herding panicky steers, operating heavy machinery pushing carts, driving drays and, often as not, gravitating after work into the tough saloons along Halstead and Root and the other streets near the stockyards. How could I make some of it come to me?

In those days, if a man was injured at work, the responsibility fell to the timekeeper at the gate whose job was to check employees in and out. He determined whether the injured man should be sent to a doctor and what doctor he should be sent to. Management itself was not interested at all. There were no workmen's compensation laws. As for the danger of liability lawsuits, the attitude of business executives and their insurance companies was epitomized in the motto "Settle em for a dollar while the blood flows!" That is what they did, too, in many and many a case.

I made the rounds of the timekeepers, asking them to consider sending some of their injuries to me. They all gave me the same answer they already had a doctor If they needed another one, they'd let me know It was easy to see that if I relied on that kind of promise I would never get my patients. It occurred to me that there must be a good many occasions when the timekeeper couldn't reach his regular doctor but he couldn't always get me either so there we were.

Pondering this state of affairs, I walked into Mr Allen's saloon below my office one afternoon. Things were quiet. The old man waved to me from behind the end of the bar

"Hello, Doc, how's business?"

"Terrible. There isn't any"

I looked up to where that office of mine stood empty right

overhead, eating up twenty five dollars every single month unfailingly and then and there had a happy idea.

"Mr Allen," I said, "if I had the telephone company run a line straight down from my desk overhead and put an extension telephone on the end of this bar, would the boys answer it for me?"

The old gentleman understood right away "Sure, Doc, they'll be glad to help you out." I went upstairs and called the telephone company They had no objection to putting in the extension downstairs. By the next afternoon, I had what must have been the world's first telephone answering service. What is more, it operated twenty four hours a day Although saloons in Chicago were supposed to close at 2 A.M. and stay shut until seven in the morning all rules were off along Halsted Street.

So then I started on my rounds again, calling on those timekeepers in their shacks and little offices. When I had induced one of them to admit that sometimes he couldn't get his usual doctor I said.

"Well, there's always someone in my office. You can get service there day or night, any time you ring the telephone."

And I left my card with my telephone number on it.

From then on, I began to get cases, not suddenly or in a spectacular fashion, but one or two a day sometimes three or four The way it worked was that the telephone rang and if I wasn't there the bartender downstairs answered. The conversation then ran something like this:

"Hello. Is the doc there?"

"He just stepped out. Who wants him?"

"This is the Independent Packing Company"

"What's the matter? You got a case?"

"Yes, one of our fellows broke his arm."

"Well, send him over The doc will be back by the time you can get the guy here."

That was a somewhat rash promise, but I did not miss out on it very often. The minute they hung up, the boys in the

bar would call me at the hospital or the hotel and I would drop whatever I was doing, or jump out of bed if it was at night, rush out the two miles to Root and Halsted in my little Autocar that shook sideways like a milkshake mixer and dash up the stairs to my office, usually just ahead of the men bringing in the patient. The fact that the injured man ordinarily had to be given first aid at the plant to keep him from bleeding to death or succumbing to shock on the way over gave me just the time advantage I needed.

Murphy knew all about this and always released me if possible. On the few occasions when I could not leave, I got another intern to go and look the patient over patch up his wounds and make him comfortable. Then as soon as I was free, I went out and took charge, and it was my case from then on. These men had broken bones, torn ligaments, wrenched backs, lacerations (the butchers in the packinghouses were always cutting themselves) and every now and then an acute appendix. The serious cases I brought back to Mercy Hospital. The others I treated on my own white-painted table and sent home or back to work. These were all poor workingmen. Three dollars was a big fee, and in some instances, when I knew a man would be incapacitated for the rest of his life, and his employers did not acknowledge any responsibility for him, I did not feel justified in charging anything at all. Even with my bar answering-service in full operation, I needed more cases.

Of all the firms doing business in the stockyards, the one that was hurting the most men was the Chicago Junction Railway The tracks were built close to many of the sheds and men would be rolled or knocked off the sides of the trains, or would slip and get their legs under the wheels, or try to kick over the drawbars with their feet. Kicking over a drawbar very frequently resulted in a man having his foot or the lower part of his leg smashed by the coupling It was against the rules, so when a man hurt himself that way the company assumed no liability Therefore the man got nothing He was a charge

on the community forever after unless the doctor was able to save his leg

I resolved to try for the Junction Railway's business. The head of the company at that time was a big red-faced Irishman named Dick Fitzgerald, one of the hardfisted, determined sort of men who had made Chicago what it was. When people were getting beaten, stoned and shot in the famous Pullman strike in 1894, he had climbed on an engine and run it through a crowd of strikers threatening to shoot him, and there were plenty of similar incidents in his history I happened to know that Mr. Fitzgerald was a brother-in-law of Edward F Swift, and I had a calling acquaintance with Mr. Swift's daughter Anna May who on Sunday evenings used to make the best Welsh rarebit in the world. I waltzed over to Edward F's office one afternoon, introduced myself and told him I would like to have a letter of introduction to Mr. Fitzgerald.

He said, "I won't give you a letter I'll call him up."

He picked up the telephone, got Fitzgerald on the line. "Dick," he said, "I have a young doctor here who is a friend of Anna May's and your daughter Gertrude's and he says he wants a job doing some work for you. Will you see him?"

Fitzgerald's voice came booming back over the wire: "Sure, I'll see him!"

So I went across Exchange Avenue and up into the Junction Railway office. Mr Fitzgerald greeted me cordially I told him straight out what I wanted. At first he was not going to give me any more than I could have got from his timekeeper, namely the privilege of taking any emergency cases that might turn up when the Junction's regular doctor was unavailable. I thanked him politely for this, and explained why it was not enough. At length he said he would give orders that, if any of his men chose to go to me instead of the company's regular doctor they could do so.

"Now you won't have very much business that way" he added.

"Why not?" I said.

"Because this other fellow has been here a long time. The men know him."

"That may not be such a disadvantage, Mr Fitzgerald," I said. "He may have made enough enemies by this time so I can take over most of your business without much effort."

This was the man's own kind of talk. He looked at me shrewdly and gave a short laugh.

"All right, young fellow" he said, "you're welcome to try But you'd better do a good job of it, because whichever one of you does has the greater share of our business at the end of the year is going to get it all. Understand?"

I said I understand, shook his hand and went out of there pretty lightheartedly Later in my little bare office up over the saloon, I began to wonder about my chances. There was no sound reason to suppose I could get half the Chicago Junction's business in less than a year's time. I couldn't go out and buttonhole prospective patients. I couldn't advertise. There was not a single thing I could do to improve my prospects except go on giving the best care I could to the patients who came my way

The chief I had at Northwestern in after years, Dr Schroeder used to say to me, "Maggie, if they pushed you down a sewer you'd come up smelling of violet water" This turned out to be one of the times when that was true.

Hardly more than a week after my interview with Dick Fitzgerald the Chicago Junction's claims agent, John Green, called me up and said he had a man with an injured knee he wanted me to see. They brought the man over limping and holding on to his knee He was a stockily built little Irish switchman, a real Old Country man, with that Irish gift of gab you hear so much about and sometimes actually encounter His name was Mike McHenry a name I'll remember as long as I remember anything. He had a fractured kneecap and he was scared half to death, muttering prayers. An engineer and a fireman on that same railroad had both had broken kneecaps two or three years before. Both had been operated on and,

I think, had become infected, because neither had been able to return to work.

What made Mike such a piece of good luck for me was the nature of his injury I laid him out on the table, got his trousers off and made my examination. I saw at once that he had a kind of broken kneecap that occurs only once in a long long time. The ligaments on the side of his knee were not torn at all, and although the kneecap itself was cracked across and slightly separated, the ligaments were holding it in place.

All Mike needed was a splint on the back of his leg and two strappings, one running from the top of the kneecap downward over both sides of his leg and the other extending from the lower edge of the kneecap upward. He did not have to go to bed and he did not have to be operated on. He was able to walk out of my office under his own power To him, it was the next thing to a miracle. He was the most relieved man I ever saw

Mike McKenty had been in the stockyards for twenty-five years. He knew everybody While his kneecap was healing he spent his time walking around the railroad tracks and in the yards stiff legged, not even using a cane, telling his friends what a great guy I was. I got more good advertising out of Mike than I could have from a full-page spread in all the newspapers, and the patients began coming in at a very respectable rate. Mike McKenty! I shall always be grateful to that man for the start he gave me in surgery at the stockyards.

Not long afterwards, I had another piece of luck. One night the desk clerk at the Metropole got me out of bed to see one of the guests, who had been taken ill. My patient turned out to be a vice-president of the Rock Island Lines, and a mighty sick vice president he was. I fixed him up pretty well. By way of expressing his gratitude, he told me to come down to his office in the morning: he wanted to do something for me.

The next morning when I went down, he had forgotten all about any commitments he might have made the night before, and began casting around to find out what he had promised

me. I relieved him of his misery by telling him I had recently been in to see Dr Plummer the chief surgeon of the railroad, about taking a job as his assistant. So I got a note in the vice-president's longhand, not through his secretary but directly to Dr Plummer advising him that if he wanted to hire this young fellow he had the authority to do so and pay him a hundred dollars a month. That turned the tide with Dr Plummer I was hired.

The position suited me ideally My main duty was to relieve the chief surgeon of the medical clerical job of checking the reports of the injuries from along the line, work which could be done at almost any time of day and even be let slide for two or three days if my practice happened to be so busy that I couldn t easily get to the railroad's office. There was one other great advantage to it from my standpoint. As an official of the Rock Island Lines, I was entitled to passes on most of the railroads in the United States.

Looking back on those days, and realizing what a stiff-necked headlong young fellow I was, so perfectly sure I could do almost anything and get away with it, I sometimes wonder why I did not fall flat on my face. However they say God takes care of fools and babies, and I guess I was more or less both of those.

On the strength of my hundred dollars a month from the Rock Island and those free railroad passes, and what I thought I could earn from the Chicago Junction and my other stock-yards business, I decided I could afford to get married. I wrote Alice to this effect. She didn t hold back.

We were married in the First Presbyterian Church in Merriam Park on June 14, which happened also to be my twenty-sixth birthday

Chapter Eight

Everybody in both of our families and all our friends did everything possible to make it a grand wedding. Dr. William Covert, who had been our paster in Merriam Park and knew Alice and me well, came up from Chicago, where he now had a church, to perform the ceremony. We had many fine presents, including one that I particularly treasured from Josh Sweet: a pair of beautiful brass candlesticks which I knew he had turned himself on his own lathe.

But I will never understand why people prefer June as the month to get married in, and why the day in June they select almost always turns out to be the hottest day of the month. It did in our case. As I stood in the reception line that evening in my first tailcoat, I felt my stiff shirtfront and my stiff collar wilting and melting. I wilted all over. The only thing that got me through it was Alice beside me, steady and firm as could be, and all the time I knew that she suffered much worse from heat than I did.

The church had been full of people, and they were all at the reception. Pleased as we were by the turnout, we both heaved sighs of relief when at last the line had passed and the bride and groom could break loose and start on the honeymoon trip. That was where the railroad passes came in. They enabled us to go West, out to the Rocky Mountains, at almost no cost. We longed for those snow-capped peaks.

We took the night train, which of course was not air-con-

ditioned in those ancient times, and somehow managed to survive until we arrived in the morning at Omaha, where we had decided to spend the day. Omaha was at the peak of a heat wave. It still stands out in my mind as the hottest place in the world, although I have since been to some hot ones, including parts of the Sahara Desert in midsummer. We didn't want to spend the money for a hotel room — it would not have been any cooler anyhow — so we passed most of the time in the park, trying without success to find a shady spot where there was a little breeze. Feeling the way I did, I knew poor Alice must be practically parboiled. If we had not loved each other very much, I am sure our marriage would have ended right there.

That night we continued westward. People nowadays don't remember what trains could be like in summer in those days. If you had your window up, you smothered with dust and soot, and if you had it down you just plain smothered. We kept alive by putting wet towels over our faces, and landed at Colorado Springs the next morning. Here we did get a room at one of the cheaper hotels. We saw a beautiful hotel, the Antlers, with a lovely park, but the price for one night there would have been a week's income for me, so we put up with what we could afford. We admired Pike's Peak, even though there wasn't a square foot of snow on it, and were duly impressed by the Garden of the Gods. The next evening, we continued on to Salt Lake City. The thermometer there registered well over 100 degrees. After twenty four hours in that place I said to my bride, "Are you having a good time?"

She looked me straight in the eye, as she always did. "No, dear."

I said, "Neither am I. Let's go home."

She didn't seem to mind that "home" in our case was a hotel room she had never seen, or that according to the papers it was just as hot in Chicago. She knew I was itching to get back to work, and that, with a wife to support, I was more

determined than ever to make progress, get ahead and succeed in my profession, and I couldn't do that out here in the West.

We took the through train back to Chicago that night.

One hears about the sad first month after the wedding. I suppose every bridegroom who doesn't have money in the bank goes through the same thing: his expenses immediately go up and his earning power doesn't come close to following it.

Alice and I had one of the regular-sized rooms at the Metropole: two people literally couldn't have drawn breath at the same time in the little L-shaped room I had occupied before. The hotel fortunately gave us a reduced rate, and let their bill run — if they hadn't, I couldn't have paid it. Things were in a seasonal lull at the stockyards, and there was almost no business for me at the hotel, because everybody who could possibly afford to get away from Chicago was out of town. I made exactly $67 that month, plus the $100 I got from the Rock Island. Even in those days when things cost less than half as much as they do today, $167 wasn't enough for two people to live on and in addition pay my office rent and telephone bill, buy my medical supplies and keep the car in gasoline and oil. We had to have meals, too, and there was no way to cook anything in our room. We drank a lot of milk that month.

It was a strain on both of us. I was pretty cross most of the time, and Alice was sick with the heat besides. One evening, for just about the first and last time in our married life, she out-and-out refused to do something I asked her to do. The telephone in our room rang, catching me in the middle of shaving at the washstand. It was a professional call. Somebody needed a doctor. I was so anxious to get over there and collect the three dollars that I just wiped the soap off my face and started out, calling to Alice over my shoulder, "Will you wash my shaving brush?"

"No, I will not!" she said.

I left her standing defiantly in the middle of the room.

When I got back, the brush was still there unwashed. Of course we weathered that little storm, as most young people do, but it was a symptom of what we were going through.

And now I was in for an experience which for a time proved as exasperating as anything possibly could to a young doctor who was perfectly sure of his abilities, and impatient to have them recognized by the world. This was a case, literally involving the life or death of a patient, in which I was right and knew I was right, but couldn't get anybody to believe me.

The fourth or fifth Sunday after we got back from our trip I was flattered to receive a telephone call from a distinguished gentleman whom I had met through some younger relations of his who lived at the Metropole. He was one of America's top railroad men, and an individual of much education and culture — he later became president of the trustees of a great Eastern university. He said his sister, who lived with him, was not feeling well, and he had been unable to get in touch with the family's regular doctor. Would I be good enough to see her?

In approximately two minutes, I was on my way to their comfortable house on 33rd Street. I found the lady in bed. She had been vomiting, complained of abdominal pains, and had no fever. The lower right segment of her abdomen was distinctly rigid to the touch. Just to make sure, I took a blood specimen, which I brought over to the hospital and examined under a microscope. She had a white corpuscle count of over 20,000. I returned to their house and said to my friend, "Your sister has an acute appendix. It should be operated on immediately."

He looked somewhat startled. "Now, young man," he said, "I am glad to have you look at my sister, but I don't think we want to go into an operation so quickly, do we?"

"Yes, we do, sir," I said respectfully. "In a case of acute appendicitis like this, every hour we wait increases the danger."

My friend smiled at what he must have considered my impetuosity.

"Thanks for coming to see her" he said. "I'll have our family doctor look at her when he gets back tomorrow"

I did my best to convince him of what I knew was the truth I practically went down on my knees to him. All I could think of was that here was a woman desperately ill, and certain to be in much worse shape in twenty four hours, and her brother who was trying to do what was right, was going to delay until the next day for no reason except that in his mind I was too young to be trusted. He just shook his head and said No, they'd better wait. Nobody ever felt more completely frustrated than I did when I went home to our room.

The next day I looked in on the patient again. She was no better It was a textbook case of acute appendicitis. I pointed this out as forcefully as I could to the family doctor who was a very well known general practitioner and obstetrician. With an air of the greatest condescension, the wise older man to the young hothead, he assured me I was completely mistaken — the lady had a stomach upset associated with nervousness, and there was no question of an operation.

I didn't sleep very much the next few nights, and on Thursday although this was obviously not my case, I couldn t resist telephoning the family doctor He told me with much satisfac tion that the patient was greatly improved. He had taken a famous stomach specialist to see her and they had stopped her vomiting with cocaine by mouth and bromides by rectum.

"Doctor" I said, "if that appendix ruptures and she gets peritonitis and dies — "

He laughed. "Don t worry young man, she won t."

But I did worry I couldn't stop thinking about that nice, long-suffering woman lying on her bed being doped and irrigated to her death. It was quite a surprise when, the following Sunday my friend called me again.

"How s your sister?" I said, the minute I recognized his voice.

"Oh, she s getting along well enough," he said. "A trifle weak still. But don t you concern yourself young man. That

isn't what I called you about. There is a new exhibition of Corot's paintings opening at the Art Institute· would you and your wife like to look it over with me?"

I spoke to Alice· she didn't feel up to going out on such a hot day I told my friend I would be glad to go with him. He came by the hotel in a little while and picked me up, and I had the delightful experience of seeing a first rate artist's work under the guidance of a man who had made himself an expert on it.

He dropped me at the hotel and went home. I had no more than reached our room when he was on the phone· "My sister is very much worse, Doctor Frankly I am alarmed about her Will you come out?"

It didn't take me long to get to 33rd Street again. The maid let me in the front door and I raced up the stairs to the room where the patient lay I palpated her abdomen. It was rigid in every sector She was breathing rapidly but shallowly

I took her brother aside. "Her appendix has ruptured," I told him. "She has a general peritonitis. She must be operated on now without delay"

My friend realized by now that my diagnosis had been correct. there is something about the appearance of a person sick to death that even the layman cannot misunderstand.

We went downstairs and I started calling all the surgeons I knew It seemed that every one of them that I had ever heard of had gone to the country to escape the heat. These calls took considerable time.

I stood up from the telephone, and said I was afraid we couldn't delay any longer I would have to do the operation myself I might be only a youngster in this medical profession, and his sister might die in spite of what I could do, but she'd be a lot safer with me operating on her that afternoon than she would be with the greatest surgeon in the world the next morning

He took a long breath and let it out. "Go ahead."

I made the arrangements at the hospital and they sent the

ambulance. As we were wheeling the patient into the operating room, her brother said, "I suppose you have operated for appendicitis before?"

"Yes, sir," I said, "I have done this operation on a number of patients. They were all paupers, but I don't think they were any different from your sister inside."

The operation was straightforward. She did have a general peritonitis. I made an incision over the appendix, drained the pus, inserted a big drain, rolled her on her right side, half sitting up, and started her on rectal irrigation with half saline solution — this was what was then called the Murphy Drip. Miraculously she got well. It was a long time before she walked out of that hospital, but she did, eventually.

I have no wish to argue from this one occurrence that young doctors should always be listened to. But it was pretty hard on me, and ever since, when I have thought a younger doctor was serious and reasonably intelligent, I have made a point of giving his views a thorough hearing. It has often been helpful.

And now for the happy ending. My friend asked me what my fee would be. Not knowing how to answer I gave him my office address on Halsted Street and suggested that he send me a check for whatever he thought was right.

"Young man," he said, "my son was operated on not long ago by Dr. Abbey in New York. I think you deserve the same fee."

The next day the postman toiled up my narrow stairs bearing an envelope of the most expensive paper and inside it a note of thanks on engraved stationery and a check for a thousand dollars!

That one big check fixed my finances so I could pay the hotel bill, which had bothered me because I am always miserable when I am in debt, and it gave us a good start on furnishing an apartment. We found one on the ground floor of a building just off 47th Street, in a neighborhood that was not too good but not too bad, either. After the hotel room, it

was heaven to us. We had two bedrooms, a maid's room, a real dining room and a kitchen, and a living room with bookcases all along one wall and a bay window that gave us a delightful view of a side alley through which the milk wagons used to bang and clatter early in the morning, waking me up at just about the right time to get off to the hospital. We paid sixty dollars a month for that place, much more than we should have, but pretty soon activity at the stockyards picked up, and my practice slowly went up with it.

The people out around Halsted Street apparently appreciated my policy of giving every patient who came my way the best care in my power regardless of how much work it involved and whether he could pay me or not. By the end of the year I had met Mr Fitzgerald's conditions, and I was given all of the Junction Railway's business, also that of the Stock Yard Company itself Four of the five Halsted Street doctors Alice and I had spotted had moved away for one reason or another and now there were only my friend Hagey and myself

Things got to the point where I decided I would have to have somebody on duty in my office in the mornings and during the evenings. I took on a young doctor who had been recommended to me. I couldn't afford to pay him a salary so, in exchange for his attending to my practice when I couldn't be there, I let him sleep in the back room and use the office and telephone for any business he could find for himself

There were very few weeks when I didn't have seven or eight patients of my own at Mercy I worked every morning with Murphy in the operating room, drove out to Halsted Street and kept office hours all afternoon, went by the hospital to check my patients, hurried home to supper and then usually went on house calls. Somehow I managed to do my work for the Rock Island in between and on weekends. I was really a young man in a hurry

I would never have seen my wife except at breakfast and supper if she hadn't started going with me on some of my

evening house calls. Many and many a time, Alice waited out side in my car while I was inside with a patient. A great deal of this was in the winter and in those days automobiles had only canvas-and-isinglass side curtains and there were no heaters. I would come out and find that poor girl sitting on her feet to try to keep warm, but she never uttered a word of complaint. How she stood it, I don't know

She kept it up until late in the spring at which time we decided she would have to take things a little easier she was going to have a baby early in the summer

Actually there was no time of day or night when I was not liable to be called out for an emergency My bag of instruments and dressings was always packed and ready by the apartment door We never went to bed without the knowledge that, some where in nearby Chicago, somebody was probably working up a real or fancied attack of appendicitis; or some switchman at the stockyards was about to kick over the drawbar between two cars and get his foot smashed by the coupling and then the telephone bell would ring and I d have to haul myself out of a warm bed and go and do something about it. I never minded it too much, then or later even in winter. This was part of being a doctor It had a real fascination for me.

I remember particularly a pre-dawn emergency call to a location somewhere in the depths of the railroad freight yards. I drove out and parked my car near the switch shanty on the edge of the yards. I couldn't see anything so began climbing over tracks and edging between cars, feeling my way in the darkness until finally I made out some lanterns moving irregularly some distance away That must be where I was supposed to go. It was. They had a man, supported by two other men, up on top of the end of an open gondola car He had one foot on the brake rod outside the car and the other leg was down inside the car which, as I saw when I climbed up was loaded with strips of flat band iron. The men told me he had been standing there, with one foot in the car when a switching engine had struck the train a sharp blow to knock two strings

of cars together and the load of iron had shifted and crushed his leg against the end of the gondola. It was half cut off and now nobody could figure out a way to move the iron so he could be rescued.

He was in terrible pain, and the first thing I did was to give him a shot of morphine.

"You and your men can't move this weight of iron by hand, can you?" I said to the foreman.

"No, Doctor. It's a crane we'd need, and I'm afraid it would tear the leg off altogether."

"Well, then, we'll have to move it some other way," I said, "because this man will die if we can't get him loose pretty soon." And that was true. Then I noticed the switching engine giving off steam eight or ten cars away. "The way to move this load off his leg is the same way it was moved on to it in the first place," I said. "Send word for the engine to go around to the other end of the train and hit it again."

The engine was sent around on a switch track. With everyone braced to hold the man who was caught by the iron so he wouldn't fall, the engine gave the car a good strong bump from the opposite end from where it had been — the iron shifted enough so that the men holding the injured man could lift him free and lower him to the ground. While I was dressing the wound and putting a splint on him, daylight began to break. They brought a stretcher from the switch shanty and carried the injured man to the road, and with the ambulance clanging as ambulances always do — or blow sirens where it isn't necessary — he was off to the hospital where, I am glad to say, we were eventually able to save his leg and send him back to work.

As for me, I walked back alone across those acres of tracks to the place where I had left my car. There was no use going home now, so I drove to the old Allen House, where I had coffee and free lunch at the bar, and from there straight to the hospital.

Looking back on myself as I was then, I often wonder how I kept going at that rate, as I did for many years. But really

there was nothing so remarkable about it. I had always had plenty of energy for doing what I wanted to do

In the spring of 1911 Dr Murphy went to London to read a paper before the International Surgical Society Dr Neff was away on vacation and Dr Golden was also absent, so, from having been on the bottom rung of the ladder I found myself momentarily in charge of the service: quite an honor, so I kidded myself into thinking for a twenty-seven-year-old doctor just three years out of medical school.

However, it turned out there were some people, especially our anesthetist, a nun named Sister Ethelreda, who did not agree, and she never lost an opportunity to make her feelings apparent. Now she decided to put me in my place.

At the Hotel Metropole we had known a delightful elderly lady from Louisville, Kentucky She came to me suffering with an acute bursitis in her shoulder a gentle, understanding soul in severe pain. I examined her and decided we would have to remove the bursa. I took her over to Mercy Hospital for the operation, and had her scheduled for an afternoon at two o clock. At the appointed time Sister Victorine was in the operating room, her instruments all laid out, ready for Sister Ethelreda to come down and administer the ether We waited. Sister Ethelreda did not appear Quite a long time after she was due, I sent one of the nurses after her The nurse found her up on the second floor talking to another sister and told her that the patient was ready and I was waiting Sister Ethelreda shrugged her shoulders, said, "I guess the patient won't get off the table!" and turned her back.

The nurse reported this to me. I resisted an impulse to go upstairs and wring Sister Ethelreda's neck, it wouldn't have done any good, because my patient needed an anesthetist and she was the only anesthetist in the hospital. For almost an hour everybody stood around, and that poor old lady lay on the operating table, uncomplainingly When the sister finally did deign to appear she swept in and ordered me to leave the room. I saw no reason for doing so: this was my patient. Sister Ethelreda put

both hands on my back and began pushing me towards the door I resisted for just a moment, but I was more interested in proper care for my patient than my dignity so I left.

We finally got the patient taken care of After I had seen her back to bed, I went straight up to the Sister Superior's office and told her what had happened.

"I want this sister disciplined," I said, in a tone that was not in the least pleasant.

The Sister Superior replied calmly, "I have no control over Sister Ethelreda."

"If you have no control over her," I said, "who has?"

"Nobody except Dr Murphy and he s not here."

That was too much for me.

"If that's the case," I said, "I think I'll take my patients to a hospital where the superintendent has control over everybody in it."

She said, "If you leave here, Dr Magnusson, you'll leave the Stock Yard Company and Junction Railway work behind."

"Sister " I said, "we might as well settle that right here and now "

I reached over on her desk, picked up the telephone, called Mr. Fitzgerald and said.

"Mr Fitzgerald, whom are you holding responsible for your cases — me, or the sister at Mercy Hospital?"

"That's a damn fool question," he answered. "Of course we're holding you responsible."

"Then you have no objection to my taking them any place I see fit to get them good care?"

"You can take them anywhere you damn please!" he shouted, loud enough so the Sister Superior could hear him almost as well as I could.

Then I called Mr Leonard, the president of the Stock Yard Company and asked him the same question. He was a much smoother less explosive gentleman than Mr. Fitzgerald, but he told me approximately the same thing

I put down the telephone, got up and bowed to the Sister

Superior "Sister," I said, "you are mistaken. The cases I have from the Stock Yard Company and the Junction Railway will be out of here by six o clock tonight."

A few minutes later I rattled up to Wesley Memorial Hospital in my little blue Autocar I talked to the superintendent, Mr. Gilmore, one of the best hospital managers in the business. After he had heard what I was there about, he sent word to Dr William E. Schroeder, Wesley's chief of staff whom I knew by reputation as a great surgeon, not as spectacular as Murphy perhaps, but when it came to anatomy and pathology one of the real masters.

Dr Schroeder appeared, a short man, very broad and thick, with a twinkle in his black eyes, and I gave him a detailed account of what had happened at the other place. I could see that Schroeder was very much amused. Then I asked the big question. Could they take in my seven patients that day? Gilmore looked over at Schroeder and for a moment I held my breath, because it had just occurred to me that there might be some reluctance on the part of Wesley Hospital to become involved in an internal quarrel within another hospital. However, Schroeder nodded.

"I guess we can do it," said Gilmore.

"Thank you very much," I said, and before they could change their minds I went downstairs and arranged over the telephone to have an ambulance sent for the one patient I had who couldn t sit up. I drove back to Mercy and told each of my patients what I proposed to do. They all said that anything I wanted was all right with them. One by one, I bundled them up, walked them down the stairs, helped them into my two-seater automobile, drove them to Wesley and put them to bed. In two hours they were moved. They all survived the trip, and none ever objected to the change.

I went back the next day and got the old lady who of course couldn t be moved so soon after the operation. Some people probably thought I was a prize stinker too big for my breeches. I didn't care what anybody thought. No nurse or

doctor or hospital superintendent was going to cause any patient of mine any suffering or discomfort in order to spite me.

There was one man who understood perfectly what I had done: Dr John Benjamin Murphy. I was truly sorry to have left his service, and went to see him at his house one evening soon after his return from Europe. As I came through the hall, I turned in to the big room at the side where his desk was, and where he usually sat dictating to his secretary until ten or eleven o'clock at night. He looked up at me over those brightly gleaming half-moon spectacles, and I saw a great twinkle come into his eyes.

"Well," he said, "I hear you pulled their ears good for them while I was gone."

"I guess I did, Doctor," I said.

"I heard all about it. In my opinion, they had it coming to them," he said. "I'm only sorry you can't come back to Mercy Hospital. I'd like to have you, but I don't think they'd make it very comfortable for you."

I saw him many times thereafter and there was never anything but cordiality between us. His death five years later at the age of only fifty-nine, was a tragic loss to medicine and to the city of Chicago

Chapter Nine

THE MOVE TO WESLEY MEMORIAL did not improve my financial status at all. My seven patients from Mercy Hospital were taken into Dr. Schroeder's service, and I became a member of his team, but still at no salary. With Alice's pregnancy proceeding right on schedule, I was counting heavily on my business from the Junction Railway and the Stock Yard Company. All my earnings from other work did not average enough to allow us to put away any savings.

It didn't help any that Paul, Jr., decided to arrive two months ahead of schedule, on a Saturday in the middle of June. By way of getting ready for his debut, we had hired a maid, a young Swedish girl named Svea, very pretty and clean and as diminutive as Alice. I called them my Pony Ballet, because they were just as good-looking as Mr. Ziegfeld's little dancers.

The day little Paul was born, I certainly didn't think things were very imminent. I went to the hospital as usual and then drove out to Halsted Street. By this time I had a new car, a four-cylinder green Maxwell. The phone rang during the afternoon. It was Svea. She told me the cramps had begun, and I'd better hurry home. I dropped whatever I was doing and set off for our apartment, a good deal faster than the law allowed. At one corner which I passed every evening on my way home a big Irish traffic cop tried to flag me down. Just like any other first-time father, I yelled at him, "We're having a baby!" and kept going.

When I got home, it was obvious that we didn't have much time to waste. I bundled Alice into the car and rushed her to Wesley. Our obstetrician was away playing golf so the resident in obstetrics took care of the situation. Paul was born at six o'clock that evening. It was touch and go whether that little seven-months infant was going to pull through, and Alice was really sick. Having the baby had evidently overtaxed her strength.

I was awfully worried. And then, three days after little Paul's birth, it came over me with a shock that I had not received payment from the Junction Railway for the work I had done the past month. I had put in my bill for just over $500. Every cent of it was needed. I called up the claims agent and asked him what had happened to my check.

"Nothing's happened to it," he said. "You're not going to get any check until you've seen Mr. Fitzgerald."

"Of course I'll see him," I said, "but what about?"

"Never mind," he said. "You'll find out when you get his letter."

That was all the information the man would give me. The next day the letter from Mr. Fitzgerald arrived. It said my bill was too large, and he did not think I was entitled to that much money!

I carried that letter around in my side coat-pocket all that weekend. Each time I went in to see my wife and new baby with that thing in my pocket, and wondered how I was going to break the news to Alice about our not having any money. I got mad, and each time I read the letter I got madder than the time before. On Monday I braced myself and called Mr. Fitzgerald's office for an appointment. As I went into the sanctum I pulled the letter out of my pocket.

"Mr. Fitzgerald," I said, "did you write this letter or did somebody else write it for you?"

He glared at me. "I wrote it and I meant what I said. You'll have to cut that bill down!"

I said quietly "On what basis do you think I ought to cut it down?"

"You ve been padding your bills."

"Where d you get that information?" I asked.

"From Dr ——, who is in your office."

"So you have this from my assistant," I said. "Did he mention that he'd like to take my job himself?"

"Never mind that," said Fitzgerald. "The bill is too big, anyhow"

"Mr Fitzgerald," I said, keeping my voice steady "If I cut that bill down, I'm either going to acknowledge that I'm crooked, or I'll be letting you out of a perfectly fair contract in which you agreed to pay me so much for office calls, so much for house calls and so much for surgery of one kind or another I did not pad the bill. I don't have to do that kind of business. Your company hurt the men and you are responsible for their care. If I were you and didn t want to pay so much in doctor's bills, I'd put on a safety campaign. It would save you money"

My remarks did not cool that stubborn Irishman down. "I'm not going to pay that bill," he said.

"Well, Mr Fitzgerald," I said, "I don't want to seem impudent, and this may be the last bill of mine you'll ever pay but you re going to pay this one in full, because I'm not going to cut it down by one cent. And I think if you re a reasonable man, as I'm sure you are, you will have your company pay its debts."

He looked at me sharply Then he said, "Young man, go home and write that to me."

That night, I wrote him a nice letter in longhand and told him how many cases of one kind or another I d treated for his company how many times they had to come back and exactly what I had done for each of them. I ended my letter by saying "I am not going to cut off arms and legs and hands and feet, and do surgery of a destructive nature, when constructive surgery will bring a man out with a usable limb and make him useful the rest of his life, even if it cost five times as much.

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Somehow we got through the summer The baby's attacks of colic became less frequent and Alice grew stronger I was more and more absorbed in my hospital work and budding practice. It was at this time that they brought Jimmy O'Connor into Wesley Hospital with his right arm severed and his left almost helpless.

One important thing about Jimmy's case was that besides being the first bone graft ever attempted at Wesley it was the first case of physical therapy and rehabilitation there. And that is a branch of medical science which was to become more and more important to me and to the medical profession generally during the succeeding years.

Wesley Hospital was really wonderful about Jimmy O Connor's case. The boy was penniless, and because he had been a trespasser in the stockyards the company was not obligated to pay his bill, yet Mr Gilmore allowed me to keep him there free of charge for the full year that was necessary to complete his care. After most of the operating was done, I started him grasping and squeezing a tennis ball to reactivate the uncrushed muscles he had left. Then I got him interested in trying to see if he could roll a cigarette one handed.

It was an awful strain on Jimmy painful and for a long time discouraging Thank heaven he had youth!

At last the day came when I was ready to take him up to Dr Schroeder's office. He made change with his left hand and, as a climax, rolled a perfect cigarette. At the end of it Schroeder looked at me, shaking his head, and said, "Congratulations, Maggie!

I used to see Jimmy around the stockyards for a number of years after that. And, as long as I remember Jimmy I will remember Dr Schroeder's expression of incredulous admiration as he watched our demonstration of the use that boy had of his left arm.

Having seen me operate on a number of my own patients, Dr Schroeder started letting me handle most of his surgery of trauma, that is, cases resulting from physical injury These were

chest and abdominal wounds, fractured legs, arms and skulls, even heart wounds. We treated them all, except compound fractures of the lower jaw which we both thought belonged to the oral surgeon.

I was on Schroeder's service for six years, the last five of them as his chief assistant. Being associated with such a man, working with him at the operating table in the morning, making rounds on his cases as well as my own, and calling him up at all hours of day or night to get his advice when I thought something was going wrong with a patient was a real privilege. He suited me perfectly and, along with a whale of a lot of surgery I acquired from him a varied and colorful collection of swear words which have comforted me in many a moment of exasperation.

After a while, Northwestern University did me the honor of appointing me an instructor in surgery and thus started me on a career in medical teaching that, over the years, was to give me as much satisfaction as anything in my life. There was no pay attached to that job either

I soon took on another industrial job, as chief surgeon of the Chicago and Alton Railroad, which runs down through the state to Springfield, and on to St. Louis and Kansas City I got the job by walking in to see the president, and in spite of the opposition of the claims agent, a man named Archer who apparently favored another candidate for the post. I mention that because quite a few years later Archer saw a chance to get back at me, and made quite a little trouble for me.

One thing Archer didn't particularly like about me was that during the course of my employment there I followed the practice, when I took care of an industrial injury of giving the patient a carbon copy of the report I was sending to the company I had done this at the Stock Yard Company and the Junction Railway and their attorneys had discovered that there was a tremendous reduction in the number of damage suits brought by injured employees, so I didn't care what Archer thought.

And my industrial patients got the best possible treatment, all of them. When I had a seriously injured workman, he went into a private room in the hospital and had special nurses if necessary In fact he received exactly the same care I would have given the president or chairman of the board. So I began to get a reputation among the employees for being fair to them and, for the most part, they responded by being fair to me.

To be sure, there were occasional attempts to pull the wool over the young doc's eyes. One fellow a big hulk of an Irish blacksmith in the stockyard, with the shoulders of a Jim Jeffries on him, came stumping up the stairs to my office, gave me a defiant look and announced.

"I was kicked in the jaw by a ha-arse!"

At first glance, he certainly looked it. One side of his face was sticking out three inches.

"Where did it happen?" I asked.

"Down to the stockyards. Where else?" he said, again with that glare of defiance.

If what he said was true, he stood to collect a nice bit of compensation from the company I felt the swelling on his face. It was hot. I popped a thermometer into his mouth. He had a temperature of 102. There was no bruise or abrasion on the swelling A look down his throat confirmed the diagnosis.

"You were no more kicked by a horse than I was," I said. "You have the mumps."

He jumped up and reached out with a fingertip the size of the ball on a ball-peen hammer and tapped me on the shoulder "I was kicked in the jaw by a ha-arse!" he said.

"You have the mumps," I said, "and if you don't get out of here and go home to bed, you'll get kicked, all right, but it won't be in the jaw and it won't be by a ha-arse."

I pulled back my foot, and he turned and scuttled down those stairs so fast it was a wonder he didn't break his neck.

During these years I encountered human nature in a greater variety of forms than I knew existed.

There was the time I took my bone saw to Fulton, Missouri,

one around the leg above the fracture, one around the pelvis and one around the chest, and three more around the leg below the fracture, he took a long cloth which he had been hoarding, threw a clove hitch around the man's ankle and, pulling firmly on it, tied that bandage to the foot of the splint, where it had been broken off and was rough, and used a Spanish windlass to create a first-class traction. He then stood up, gave orders to let go everything, dusted off his hands, and said, "Now you guys can take him to the hospital." So they loaded him into a car and took him away. I never said a word except to congratulate that boy on the best example of handling a fracture on the ground I had ever seen. He told me he was an Eagle Scout. I hope he went to medical school and became a surgeon.

And in Canaryville, the picturesque and fairly tough Irish section extending northeast from the stockyards, I encountered the most perfect demonstration of the philosophical outlook I ever saw. It was a rush night call indeed, and the frantic Irishman's voice on the telephone prepared me for a pitiful night, for it seemed that Danny or Paddy or whatever his name was, was in the final throes of bleeding to death and oh! I'd have to hurry if I was to see him alive.

I raced out to the address I had been given. It proved to be a saloon, a dark and forbidding place. And there I saw my wounded man, a middle aged gentleman sitting up in a chair in the center of the barroom floor with one trouser leg rolled up and his foot on another chair holding court amongst his friends. He had a glass of whiskey in his hand, and he and his friends were admiring the little geyser of blood welling up from a ruptured vein on his shin.

He waved his glass at me regally "The top o the evenin to ye, Doc," he said.

If they d given him another drink, I think he would have let himself bleed all night. As it was, I put on a pressure bandage and stopped the flow

Largely from my stockyards work, I was getting more practice in much more difficult cases than I had any right to assume

at my age and with the amount of experience I had. I found it a comparatively easy matter although I was still not yet thirty to develop a reputation in the field of bone and joint surgery In those days it was a new branch of medicine, and a great deal of the surgery I was doing was in many ways unprecedented. Not only had I done Wesley Hospital's first bone graft, but I also did Wesley's first arthroplasty that is, making a movable joint out of a stiff one. The orthopedic surgeons of the time were what we used to call "cast, brace and buckle men." They had been taught to be very doubtful of the kind of open surgery I was doing on damaged joints and fractured bones. To them it was the same thing as making a simple fracture into a compound one, with resultant danger of infection. They did what was called "bloodless surgery" I have my ideas about where the blood went. I often saw one of those fellows do a congenital dislocation of the hip on a child, and when he got through there was certainly no blood on the outside, but that poor little hip was all swelled up with hemorrhage under the skin from the tearing of the muscles and ligaments as the surgeon tried to force the head of the femur into a socket that probably didn't exist — we had no way then, to get a decent X-ray picture of a child's cartilaginous bones. There was not much relation between that kind of thing and what I was doing, and I never wanted anyone to call me an orthopedic surgeon, which comes from the Greek words "ortho," meaning "straighten," and "paidos," meaning "child." Years later when Northwestern University invited me to head its department of orthopedic surgery I told them I would be glad to if they would change the name of it to the Department of Bone and Joint Surgery which they did.

As for the danger of infection in open surgery on bones and joints, my thought was that if the operation were conducted right, with proper precautions and reasonable speed, there did not have to be infection. I proved that that was the case.

My reputation was helped along by the fact that, with all the injury cases I had, I could run a fair-sized clinic every two

or three days, and I was surprised and pleased to find that it was attended by doctors from many states and sometimes from other countries. They were all interested in my bone saw. Some time back, I had taken it to the instrument firm of V. Mueller and Company over on the West Side near the County Hospital. Old man Mueller had seen its possibilities and started to manufacture it. I got no royalties at all for having invented it, but Mueller started advertising it in full pages in the leading medical journals, and that made my name familiar in surgery throughout the country and, I suppose, throughout the world, at a point in my career when I would otherwise have been unknown outside my own immediate circle.

I had made a few improvements in the saw, such as correcting a tendency for the flexible drive-cable to whip and buckle. An important feature was that the head and the drive-shaft could be sterilized along with the blades. I had a stock of blades ranging from one the size of a dime and very thin to considerably bigger ones that I used for cutting a slot in a bone for an ivory plate, and they really would cut bone like cheese.

My ivory machine screws and plates were another attraction. Steel plates to join fractures were enjoying a big vogue, especially since the famous Dr. Arbuthnot Lane of London had made a tour of this country to demonstrate them, but I knew from my experiments at Pennsylvania that they wouldn't hold. the tighter they were screwed on, the more pressure they put on the surrounding bone cells, and the quicker those cells died. Often in a few weeks the screws holding one of those fracture-plates could be taken out with the fingers, and the plate was jingling around without doing a thing in the way of keeping the fracture in position.

So I didn't think much of them. I remember asking J. B. Murphy one time how many bone plates he took out. He answered, "Eight out of every ten I put in. I don't know who takes out the other two." Ivory plates and screws required a lot more preparation beforehand, but they usually stayed in place.

I was spending all the money I could get hold of on developing new instruments for my bone work. Bone instruments, for some reason, were always large. One could hardly get a bone forceps that wasn't big enough for a baby elephant, and most of them wouldn't do for the many bones and parts of bones that are very small. I had started getting more delicate instruments made while at medical school, and as new surgical problems presented themselves, I continued to design others. Some of them were simply smaller copies of standard designs. Others were made flexible or adjustable at one side of the clamp, so they would work on an irregular bone, because often if a bone was not perfectly cylindrical the standard clamp would fit all right on one side, but the other side would be touching the bone at only one point, which was highly unsatisfactory.

The same thing was true of our instruments for clamping off blood vessels. They were much too big. Dr Schroeder used to admonish us, "Clamp the vessel, don't clamp the man!" That is good advice for a young surgeon to remember, and an old one, too, because tissues which are handled too roughly, retracted too strongly or stretched and pulled too violently, do not take kindly to it. They die. A good surgeon never leaves any more dead tissue on the end of a blood vessel than is absolutely necessary, or weeping tissue, or clots of blood, or blood vessels oozing in a wound. He knows that a wound should be dry, as far as blood is concerned, and free from all irritating substances. A clean wound heals very rapidly, but a messy wound heals very slowly if at all, and the danger of infection is that much greater. There are all too many people limping around today with deformed limbs because of an infection incurred in a bone or joint operation. Once a patient's joints or bones are infected, they will never be normal again, and one infection can make a cripple out of a person who should be perfectly sound. That was the reason I had my own blood-vessel clamps made smaller and more delicate, and used the finest sutures obtainable.

It was also why I always draped my patient myself when we were getting him ready for surgery. This is important in every

operation, but especially in bone and joint work, because most of the time we are working with arms and legs, and they often have to be moved during the course of the operation. Unless the linen is clamped or glued into such a position that the movement will not expose an unsterile surface, one is sure to have infection in a large percentage of cases. I never had any cause to regret taking the trouble.

It had bothered me at Mercy and continued to bother me at Wesley that however much thought and care we put into maintaining asepsis in the operating room, aseptic practices in the wards were still in what Dr Schroeder called the "Mason jar stage of development." The resident or intern would get a couple of Mason jars of sterilized dressings and lug them around from patient to patient in a basket, along with a jar of alcohol into which a pair of eight-inch forceps had been stuck. The forceps were used to pull the dressings out of the Mason jars and put them on the patient. The more I saw of this procedure, the sloppier and less clean it seemed to me. I decided I was going to have an individual package of dressings for each patient, just as in the operating room, as well as some other equipment that could not fit into a basket. I went downtown and bought a table on big rubber-tired wheels, with two shelves underneath and a glass top with a rail around it, and had Tom, the engineer at Wesley make a metal cover for it, with a hinged front that could be lowered and fastened by a hasp. I loaded the glass top with my bottles and packages of dressings, rubber gloves, bandages of several different kinds and sizes and everything else I thought necessary to do good clean surgical dressings. Then I purchased a padlock and put it on the front, knowing that if I let everybody else use my cart it would not be equipped as I wanted it to be when I needed it. This dressing cart was a great convenience to me, and I believe saved many a patient of mine the misery of an infected wound. Of course such carts are standard equipment everywhere now

Chapter Ten

PRETTY SOON I FOUND I needed more office space than I had over Mr Allen's bar so I moved in above a garage diagonally across Halsted Street; and a couple of years later I arranged for the use of an office downtown in a suite shared by several other doctors at 30 North Michigan Avenue. I had an assistant at the stockyards office to take care of things when I was not there. Although I had resigned from my position with the Rock Island, my two offices, plus the hospital, the Alton Railway my lectures at Northwestern, my visits to the claims agents at the Stock Yard Company and Junction Railway fairly frequent industrial board appearances, my clinic, house calls and occasional readings of professional papers at medical meetings, kept my little green Maxwell hopping

My day started with breakfast at seven, so I could be at the hospital at seven-thirty make my morning rounds, and get to the operating room in time to take care of my own patients before Schroeder appeared. Oftentimes I had so many calls to make that I had to come back after supper to make rounds I hadn't been able to finish at the end of the afternoon. And of course after that there were house calls and those midnight and after midnight emergencies.

Both the amount of work I was doing and the nature of the work kept me under pressure. In any kind of surgery the responsibility on the surgeon is a heavy one. He has to do his own part unerringly; and at the same time he must see to it

that every necessary thing is done by his operating room team. He can never overlook anything This was particularly true in bone and joint surgery as I was practicing it. Nurses and internes accustomed to easier-going methods sometimes regarded my insistence on perfect observance of operating room discipline as excessive. I know full well some of them called me a perfectionist and not always in a nice way They never bothered me. It was my duty to be impatient with any slipshod performance in the operating room, any slowness in carrying out my orders, any inattention, because one slip in aseptic measures, one moment of carelessness, and our patient might be through forever as a functioning human being Sometimes I expressed myself fairly freely and forcefully in words which were not considered appropriate for the delicate ears of young females in nursing training

One day the student nurses assigned to my clinic went to the operating room nurse and informed her they were going to refuse to hold instruments for me because I was too impolite. She told me about this, and I said, "Will you ask the young ladies to meet me after lunch today in the little chapel on the second floor?"

So they all met me there I was still in my operating room clothes. I looked around at them, and thought to myself that they were all nice girls and I liked them all. I had no grudge against any of them, although I had spoken pretty sharply to some of them in the operating room.

"Girls," I said, "if you saw your mother or your father your brother your sister or your sweetheart on the operating table would you feel I was pretty tough on the operating room nurses if I made them, by fair means or foul, come up to perfection that would assure a successful operation? Or would you feel it would be nicer if I were pleasant and let some error go by that might result in a long disability and maybe a permanent crippling? Now you go and think it over I have nothing in the world but respect and admiration and liking for all of you. If I don't always take time to be polite, it's because we have a pa-

tient there who is depending on me for his life and health and future happiness. I am interested in the patient, not in your feelings. If you don't want to hold instruments for me, that's fine, because you are kind of a trial to me, too. I can hire a good surgical instrument nurse without taking the trouble to train you, and if you don't want the training God knows I don't want to waste my time on you. *That's all I have to say to you.* If you don't want to hold instruments for me, just don't bother to come back — it will be all right."

That ended that. They all stayed, and I never had any trouble in the operating room after that with the nurses finding fault with anything I said or did.

The fact that I never let myself become personally involved with any of the nurses was in my favor. When a young man of normal instincts works side by side day and night with so many healthy young females, most of them fairly attractive and possibly not unsusceptible, the temptations are pretty strong and frequent. The institutional gossip which runs like an undercurrent beneath everything that is done in a hospital is always buzzing up a torrid romance between this doctor and that nurse or laboratory technician, and sometimes it is absolutely true. I was protected by my thoroughgoing prejudice against letting anything of any kind divert me from my business. I was there to learn and practice medicine and get my patients well, nothing else.

When I think of it, I am amazed at the amount of forbearance and tact, sternness and humor and other social faculties and graces I put into making sure that my patients got all they needed from nurses, residents, interns, the diet kitchen and the laboratory. The secret, I found, was checking up on everything. When I wrote an order I was back in anywhere from fifteen minutes to half an hour to see whether it had been carried out. If it hadn't, I immediately called over the nurse or other individual who was supposed to have been responsible, and asked why it hadn't been done. This led eventually to the older nurses saying to the younger ones when I

wrote an order "You'd better go and see that that is done now or he'll be back raising the devil inside fifteen minutes!"

But when I raised the devil, I tried to do it in a way that wouldn't make enemies, because it isn't healthy to have too many enemies on the hospital staff I always tried to part friends with them, and gradually I developed a standing as a disciplinarian who was never unfair or unkind to anyone.

There was one woman in Wesley Hospital with whom I didn't attempt to part friends: she had deliberately and maliciously endangered the success of an operation. And there was one doctor who probably considered me a wild man gone berserk. he was guilty of a violation of professional ethics which I regarded as unforgivable.

The woman was the hospital's operating room superintendent, and like Sister Ethelreda at Mercy Hospital she was one of those women in institutions who take out some inner frustration by becoming unbelievably officious. Why they are ever given any authority I don't know Of course in my anxiety to get the right treatment for my patients, I refused to be obstructed by such an individual and so, in time, Miss M developed a violent hatred for me, which I—mistakenly as it turned out—chose to disregard.

One of the operations I was doing frequently was one to repair ununited fractures of the hip or more correctly fractures of the neck of the *femur* My method was to open the hip from the outside, exposing the upper end of the femur and drive an ivory dowel, almost as big as my little finger through the shaft of the bone and into the neck, and then into the head of the femur This would hold it in position and the head of the femur could again serve as the ball in the ball-and-socket joint of the hip. I used to make the dowel myself turning it out on my workbench off the operating room and fitting it to the X-ray of the patient's hip so that I would have it the right length. What with making the pegs, selecting my instruments and studying the X rays, I often spent hours

getting ready for one of these operations so that there should be nothing that could interfere with success.

There came to me as a patient with one of these hips a woman past seventy who happened to be the mother of one of our nurses. I spent all of one morning shaping an ivory dowel for her and when it was finished, gave it to Miss M and told her how I wanted it sterilized for the operation the following day

At the scheduled time the next day the patient was brought in and I began the operation. I made my incision and exposed the hip. Now I was ready to insert the dowel. I took the drill in my hand and said, "Let me have the dowel."

The surgical nurse said, "There isn't any dowel here, Doctor."

"There must be!" I said.

She looked again, and I could tell how disturbed she was.

"There wasn't any dowel in the kit," she said.

"It should be there," I said, "and it should be wrapped up, because it was being sterilized in alcohol and then in an autoclave for three hours and then wrapped in sterile gauze."

It was not there.

This was one of the few occasions in which I ever stepped out of an operating room while a patient was on the table. I called Miss M. She did not come, and I went up that hall and saw her sitting in her office. I said, in no gentle tones, "Miss M, where is the dowel I made for my patient's hip?"

She was supposed to stand up when a doctor entered her office, but she sat there and looked me boldly in the eye. "I forgot to sterilize it," she said.

I think that was the only time in my life I ever actually saw blood-red. Here was an old lady and a nurse's mother at that, lying on the table and doomed to spend the rest of her life a cripple unless I could fix her hip, and this woman had jeopardized her out of either carelessness or spite — *it didn't matter* which.

"I'll take care of you after this operation," I said, and turned

wrote an order "You'd better go and see that that is done now or he'll be back raising the devil inside fifteen minutes!"

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There was one woman in Wesley Hospital with whom I didn't attempt to part friends: she had deliberately and maliciously endangered the success of an operation. And there was one doctor who probably considered me a wild man gone beserk. he was guilty of a violation of professional ethics which I regarded as unforgivable.

The woman was the hospital's operating room superintendent, and like Sister Ethelreda at Mercy Hospital she was one of those women in institutions who take out some inner frustration by becoming unbelievably officious. Why they are ever given any authority I don't know Of course in my anxiety to get the right treatment for my patients, I refused to be obstructed by such an individual and so in time, Miss M developed a violent hatred for me, which I — mistakenly as it turned out — chose to disregard.

One of the operations I was doing frequently was one to repair ununited fractures of the hip, or more correctly fractures of the neck of the femur My method was to open the hip from the outside, exposing the upper end of the femur and drive an ivory dowel, almost as big as my little finger through the shaft of the bone and into the neck, and then into the head of the femur This would hold it in position and the head of the femur could again serve as the ball in the ball-and-socket joint of the hip I used to make the dowel myself, turning it out on my workbench off the operating room and fitting it to the X ray of the patient's hip so that I would have it the right length. What with making the pegs, selecting my instruments and studying the X rays, I often spent hours

room for the boy and they don't look so poverty-stricken. I think I'll have a talk with them."

"Oh, you don't need to do that," he said. "It's all settled. I told them myself that your charge would be fifty dollars."

"Doctor," I said, politely. "I'm sorry but I don't let anybody else set my fees."

I left him and went down the backstairs to the fourth floor where those people were waiting in the hall outside the boy's room. I told them their son's arm was reduced and reduced well. Then I said to the father "Mr. Jones, I understand you have something to do with farm machinery in your town."

"That's right, I do."

"If I may ask, what do you do in farm machinery?"

"Why I sell it and repair it and service it and do everything about it," he said. "I have my own business there."

"Mr Jones," I said, "don't you think fifty dollars is a rather small fee for reducing this arm?"

"I don't get you, Doctor," he said. "I gave our doctor three hundred and fifty dollars to give you, and if that isn't enough, I'll be glad to pay you more. I can well afford it."

Just as he said this, I saw the doctor going down past that floor in the open-cage elevator. I galloped down the four flights of stairs to the ground floor three steps at a time, caught sight of the doctor's back just disappearing out the front door in a hurry and overtook him on the walk outside.

"Doctor," I said, "give me that other three hundred dollars."

"What do you mean?" he said.

I said, "These people gave you the money to pay me, and they are paying your fee for coming up here, so you'd better get that three hundred dollars out quick before I lose my temper any more than I already have, and you wind up back in the hospital as a patient."

I was four inches taller than he was, and in my white operating coat and trousers I must have loomed large in front of him, because he put his hand in his pocket and pulled out the three hundred dollars in one roll and handed it to me. I told him to get out

of there and never again to show up in Wesley Hospital or any place I had anything to do with, then I went back up and told the parents what a piece of crookedness their trusted family doctor had tried to put over on them. I don't think he was their family doctor any more after that.

This little episode was one of the things that confirmed me in a profound dislike of the custom of fee-splitting — which, incidentally is condemned by the American Medical Association and every other reputable professional body It is fee splitting when a surgeon or specialist to whom a doctor refers a patient rewards the referring doctor with an agreed-upon part of the fee he collects for his work. The thing is pernicious because it is an under-the-table arrangement of which the patient is unaware and which often results in his being charged more than he ought to be, and also because the original doctor in the case may be too heavily tempted to select, not the man he thinks is the best surgeon or specialist for the case, but the one who will give him the biggest cut.

This would have been fee-splitting with a vengeance, in which the surgeon's permission wasn't even asked — and the split would have been six to one. That doctor would never have tried such a stunt if he had known me. Everybody around Chicago was aware that, as far as I was concerned, any doctor who wanted a split of my surgical fee could take his patients somewhere else. If I never got a referred case as long as I lived, it was all right with me.

It was not long after this that I temporarily lost my job as a teacher at Northwestern, for no reason except that Dr Schroeder who at that time was professor of surgery at Northwestern, had a falling out with Dean Edwards, the one who had tried to get Murphy to fire me in 1908. Just as disputes among the gods on Olympus affected the fortunes of the Greeks down below so in medicine the quarrels of older men can raise the dickens with the young doctor What happened was that Edwards persuaded the Northwestern trustees to kick Schroeder off the faculty Schroeder promptly turned around

and induced the trustees of Wesley Hospital to drop Edwards from the hospital's staff. So, the next thing I knew and without my having made a single move, I was informed that I was no longer on the faculty at Northwestern. It didn't bother me much. I went straight to Rush Medical School and saw Dr John Ridlon, an orthopedic man who had my profound respect, and he put me in charge of the orthopedic clinic there. It was really a chance for me to broaden my knowledge, and in the long run it helped me a good deal. I ran that clinic for a year, and then, thanks to the actions of Dr Arthur Dean Bevan, head of surgery at Presbyterian Hospital, had another illustration of what the jealousies between older men and between institutions can do.

A boy was brought into the clinic with a short leg caused by a fracture high in the femur when he was much younger Marked angulation and overlapping had caused more than three inches of shortening This was my first case of a shortened leg bone since medical school, where of course I had operated only on experimental animals. I decided that in this instance my operation could safely be tried on a human being, so I spoke to the people at Presbyterian, which was the hospital attached to Rush. I was told they did not want the case and nobody there would operate or help me operate. Dr Ridlon also tried to get the boy into Presbyterian without success, so I said I thought I could induce Wesley to take the case, and Dr. Ridlon gave me permission. I performed the operation at Wesley and some weeks later proudly took the boy back to show him to Dr Dallas Phemister Dr Bevan's assistant. He didn't give any sign of disapproval, but one day soon afterwards when I went to the clinic, there was nobody there. I went to see the registrar

"What about the orthopedic clinic?" I said.

"Dr Bevan closed your clinic up."

"Why?"

The Registrar didn't know why

I learned that Dr Bevan was operating at Presbyterian Hos-

pital and walked over there through the passage between the medical school and the hospital. I waited for almost an hour by which time I had a pretty good head of mad on. When Dr Bevan came in from his operating duties, he took off his gown and threw it in the basket; up to then he had not spoken to me and I had not spoken to him. I don't suppose he recognized me. Most older men don't recognize kids in the operating room. They have so many of them, they can't keep track of them.

So I stood up and introduced myself and said, "Dr Bevan, I understand you closed up my clinic over in Dr Ridlon's department."

He said, "Yes, I did."

"Well," I said, "would you mind telling me why?"

He said, "Because you are taking cases from Rush Dispensary over to Northwestern and operating on them."

"That's what I did, Doctor with my chief's full permission after trying to get the case into the Presbyterian Hospital," I said. "It was a case of a short leg and I am the only man in this country or in any other country as far as I know who has done research work on lengthening shortened bones of the leg I wanted to do this case, and the only way I could do it was to take it over to Wesley Hospital where they would take it in on the service because the boy has no money to pay for hospital bills or surgical bills."

"It makes no difference," he said. "You didn't have my permission and you are all through at Rush Medical."

"Oh, I am, am I?" I said. "Well, Dr Bevan, I am a good deal younger than you are but I am going to live in this town a long time, probably longer than you will, and before I get through you are going to know that I am here and you are going to know that I am not forgetting this insult and injustice by an older man with power and influence to a younger man. Good-by Dr Bevan, until our paths cross again."

I might add to this that our paths crossed a number of times. The encounter that did my heart the most good took place

about fifteen years later when a lawyer in town sent me a client of his who complained of trouble in his back and was suing the firm that employed him. On examination of the man, I found a marked deformity in the lower dorsal region, and sent the patient to Dr Hollis Potter for X ray Dr. Potter was not just an X-ray technician, he was in my opinion the greatest X ray diagnostician in this country so I never told him what to X ray He always knew what was needed.

In due time Dr Potter called me back and reported that he had found a compression fracture of the tenth dorsal vertebra, which was exactly what I had expected. Then Dr Potter said he had just recently X rayed the same patient for Dr Bevan, who had examined the man on behalf of the employers.

"Well, what did you find that time?" I said.

"Nothing" he said. "At least I found nothing where Dr Bevan instructed me to X-ray that back. He gave me orders to X ray the seventh dorsal vertebra, which I did, and of course no pathology showed up. But I recognized when the patient was on the table that he had some deformity lower down, around the tenth dorsal, so I X-rayed there on my own responsibility and that exposure showed the same compression fracture we've found today But Dr Bevan hadn't asked for that vertebra, and when I called him and tried to tell him about the fracture, he informed me he hadn't asked me to make a diagnosis; he would make his own diagnoses. So what could I say Paul? I sent him the picture of the seventh, and that was that."

It is my opinion that Dr Potter loved the pompous Dr Bevan as much as I did, and was perfectly willing to let him run his neck out as a nice target for the ax. The case came to court, and Bevan got up on the witness stand and confidently testified that the man was a malingerer and did not have any actual injury He was asked if he had had X rays taken. He said he had. Dr Potter was called and identified the X ray he had made for Bevan, on which no pathology was showing

The plaintiff's attorney who had been tipped off then asked Dr Potter "Doctor did you take any other X rays?"

"Yes, I took one at the same time lower down in the spine."

"And what did that show?"

"A compression fracture of the tenth dorsal vertebra."

"Did you send that picture to Dr Bevan?"

"No. I tried to tell him about it, but he said he was not interested, he had ordered the X ray he wanted, and that was that."

Then I was asked to produce the X rays Potter had made for me. He identified them and testified that they showed a fracture of the tenth dorsal vertebra. Then I was called and testified to the condition I had found, stating that the patient was not a malingerer but had a real injury and disability. The fracture could be cured by direct healing but the deformity would always be there.

By this time Bevan was purple in the face, but there was no way for him to combat the truth, nor could he cover up the damage to his reputation as a diagnostician of bone and joint conditions. Of course the jury brought in a large verdict in favor of the plaintiff. I must admit that that little episode gave me a good deal of sadistic pleasure. Usually I am not vindictive at all, but I was delighted to see that man squirm, and perhaps the best part of it was that it came about without my violating medical ethics or doing anything except letting nature take its course and retribution fall where it might.

The closing up of my clinic at Presbyterian Hospital hurt my sense of justice more than it did my professional career. Very soon after that, things got straightened out at Northwestern, and I resumed my teaching there.

Besides everything else, I was doing a great deal of medical writing. What moved me to this effort I don't know unless it was some of my mother's evangelism, an inner compulsion to have people listen to me and what I thought. I published a whole series of papers, most of them illustrated with photographs, and they cost me a good deal of money. Some years later I was tremendously glad I had made the investment, although for the moment it kept us broke.

One case I not only wrote up but had recorded on movie film, which was quite an undertaking and horribly expensive, there being no such thing as 16-millimeter film in those days, and because we had to have two cameramen, and klieg lights for which heavy cables had to be run into the operating room.

This was another leg-lengthening operation, much more difficult than the one on the boy whose muscles had been light and flexible. Afterwards I thought I had had no business to tackle this case as I did, but, as Murphy used to say "God is good to the young surgeon!" To which I replied, "And to the old one too· otherwise there wouldn't be so many living patients!"

The patient was a piano mover and he was built like the pianos he moved, broad and thick and very heavy with solid muscle. His right thigh had been broken and the big muscles had pulled the bone into extreme deformity the two fragments angulated out to form an angle of 30 degrees, and his knee pulled up towards his hip so that the broken leg was 3½ inches shorter than the other. His doctor had not been able to reduce the fracture, and the bones had united in this grossly deformed position. The man walked with a very bad limp and could not work to support his family

The X ray pictures we got of this leg were unusually good for those days when most plates came out looking like a snow storm in April. That was one of the things that encouraged me to go ahead. Another was the man s pitiful condition. Besides, I thought I could do it.

First we took some footage of the patient limping with his terrible deformity Then we went into the operating room. It was a hot day to begin with, and those two klieg lights behind me where I sat on a stool working in the man s thigh made it hotter still.

I made my incision from the side as I always did, going in under the edge of the great quadriceps muscle, which was huge in this patient. The two ends of bone where they had

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The one trouble with this life of mine was that I hardly ever found any time, except on Sundays, to be with Alice and little Paul, who was getting to be a pretty sizable and extremely active youngster. Even on Sundays I always went to the hospital at nine in the morning to make my rounds and do whatever had to be done. I got home to our apartment for midday dinner at about one, and afterwards, if the weather was good, took my little family for a spin in my car sometimes up along the North Shore, sometimes west to the plains or south and east as far as Gary and beyond. In spite of the incompetence and selfishness of many other Sunday drivers on the road, these weekly outings were great events for me, and I considered them very relaxing.

My doctor friends told me I was pushing myself too hard. One of them said, "Paul, why do you want to work yourself to death and not have any fun?" I answered that it was my business what I did. Doctors are often like that. They will insist that their patients behave reasonably, live at a suitable rate, eat regular balanced meals and get plenty of rest. But the doctor will push his own brain and body to the limit without pause and break every health rule in the book, as though he had some special immunity to the effects of fatigue. Maybe a man as intensely interested in his work as I was develops an extra resistance. I used to finish the day in a state of complete exhaustion and still my basic health never seemed to be affected at all, at least not seriously.

One element in all this was that I suffered from a nagging sense of frustration about money — not worry, because I always believed I could make all we needed, just frustration over our inability to get ahead of the game. It didn't help that I knew my own natural extravagance was to blame. When I needed something or really wanted it, I could never stop to consider the cost. For example, I decided it was foolish to freeze half to death every time I had to go out in my car in winter. (In those days the only enclosed vehicles were horse-drawn carriages or huge limousines.) Nobody made a small car that had

anything more than a flimsy canvas top that stretched between metal braces, and side curtains. So I designed and had built a special top for my Maxwell, a completely enclosed structure of wood, fastened with metal clamps to the back of the seat and the windshield posts. It even had regular doors in it. It certainly made my car unique, and put a terrible dent in my bank balance.

Alice had a much cannier financial sense than I did, and people instinctively trusted her When we first moved to that neighborhood, she started going to a small grocery store round the corner and after three or four visits, she went to the proprietor a Mr Visted, and began rather hesitantly telling him she would like to give him her references so that he could look us up and she could have things charged. He wouldn't let her finish. He waved his hand at her and said, "Never mind, never mind, I like your face, go away and don't bother me." So we had one account, at least, and it must have been paid from time to time, because we had it as long as we lived in that apartment.

What that little grocer did for Alice was more than one of Chicago's most famous department stores would do for me We bought something there, and when we didn't pay for it in forty five days, they sent a collector who announced that they were cutting off our account. I told the collector that arrangement would interest me a great deal and my wife even more, because we had no intention of ever trying to buy anything in that place if I could possibly get it anywhere else. I looked on their attitude as an insult to my honesty and integrity

One day my father stopped by on his way home from a business trip to Washington and spent the night with us. I met him downtown where he was finishing his business, and the first thing he said to me was "Son, you don't look very well. Are you feeling all right?"

I insisted I felt fine and we drove out to 47th Street in my car My father did not pursue his remark about my appearance

during the drive home, because my top rattled and thumped so that conversation was impossible inside. After we had had dinner, and Alice was seeing Paul to bed, Father made me sit beside him on our living room couch which I had bought at a nice discount through the purchasing agent of the Alton, a big old-fashioned heavy thing upholstered in a homely muddy green material which would absorb plenty of dirt but never wear out. I think I had paid sixty-seven dollars for it, and you could not duplicate it now for six times that much.

"Son," he said, "what's worrying you?"

"Nothing is worrying me," I said.

"Is your business good?"

It was typical of our relationship that I always bragged to him about how successful I was, no matter how my troubles might be getting me down. I said my business was going great guns.

"Well, do you owe any money?" he said.

"No. I don't owe any money."

He looked at me sidewise, with those triangular eyelids of his puckered shrewdly. "Not any?"

"Not to amount to anything," I said.

"Well, son," he said, "something's worrying you."

It took him quite a while, but he pinned me down finally and I confessed that I had a few more bills than I was going to be able to pay in the next few weeks, even if business was better than it had been. Alice came back, and we talked of other things until it was time to go to bed. Walking down the long narrow hall, he said quietly:

"Son, tomorrow I wish you would add up all the money that you owe and give me the amount of it. You don't need to owe money and I don't want you to. You'll never be happy if you do. The only time I ever owed money it worried me so! And what do you suppose it was for?"

Of course I didn't know.

"Well," he said, "before your mother and I were married, and I was working in the general store, a salesman who was

traveling around the country towns showed me a set of Fenimore Cooper's works—*Leatherstocking Tales* and many others. I wanted those books. I wanted them badly and I agreed to pay so much for them. Every month after that the collector came around, and by the time I had those books paid for I made up my mind that I was never again going to order anything I couldn't pay cash for unless it was food to keep my family from starving which fortunately hasn't been necessary. Now" he said, "you don't have to owe money and I don't want you to owe money. So you let me know what it is."

I sat up for an hour figuring things out, and the next morning I handed him a slip of paper on which I had written a total amount of something over fifteen hundred dollars. He took it and put it in his pocket. A few days later I had a little note from him, enclosing a check which I promptly deposited in the bank and which enabled me to pay off all my creditors.

His check was for the exact amount I had written down that evening, the exact amount and not a penny more. There was no bonus. Neither was there any admonition not to do it again, or any moralizing. He understood me pretty well. The only thing he didn't know was how determined I was to repay him in a way he would never forget.

I think, in those years from my marriage to the beginning of World War I Alice and I went to one dance and one private dinner. Sometimes we went to the theater. After one or two embarrassing experiences of having the show interrupted while my name was paged and I went to the telephone, I adopted the practice of leaving my name and seat number at the box office, so I could be called to the telephone without creating a disturbance. I hate to think of how many nights I was called and Alice had to take a taxicab home.

The only friends we saw much of were a young doctor named Jim Churchill and his wife Virginia. Their son Bob was born within a month of Paul, and the two mothers used to wheel the children in Washington Park. Virginia was tall and dark, and when we saw her and my little Alice together

we called them Mutt and Jeff which was not original but struck us as very funny at the time.

Every now and then we took a trip back home. It didn't cost us anything thanks to my passes on the railroads, and did us both good. There was a wonderful sense of kinship between Alice and my mother. Those two women had formed a kind of offensive and defensive alliance, and I am quite sure they secretly compared notes on how to manage me, knowing well enough that that was one thing they couldn't hope to do. You never saw a mother-in-law and daughter-in-law who got along better. As for Louise and Ruth, Alice was a third sister to them. There was no backbiting at all.

The best of our visits were the ones at Christmas time because then we usually had the whole family together and in festive spirit. Mark, after four years as a mining engineer in Mexico, had come home to go into business with my father and was married, living in Minneapolis and busy raising a family. I never had been able to imagine that gentle, civilized soul down there among the cactus and the coyotes, going around with a Lüger pistol strapped to his leg because of the Yaqui Indians and because you never could tell when you'd find yourself face to face with a rattlesnake. Louise had been graduated from Vassar and was teaching school. Later on she got interested in the Caribbean islands, learned Spanish and taught in Puerto Rico until World War I, when she went into nursing and finally married a patient of hers. Ruth, who also had a Vassar degree, took graduate courses in chemistry at the University for two years, then married a biology teacher there. He soon gave up university work and went into business in Madison, Wisconsin, but of course that didn't prevent them from coming to Merriam Park for the annual Christmas gathering of the clan.

On those gatherings, you could always be sure the food would be plentiful and extremely tasty, although there was never anything alcoholic to drink. The great specialty was Mother's mince pie. She always made her own mincemeat,

using apples off our own trees, and meat that was chopped, not ground to a paste — and there was plenty of meat in it, not just a lot of raisins. One Christmas it tasted even better than we remembered it, and I said, "Mother this the best mincemeat you have ever made. What in the world did you put in it?"

Mother frowned and said, "Why I don't know that there's anything different in it." Then she said, "Oh, yes I put in some worked jelly I found in the cellar."

We all looked at each other and hid our smiles behind our napkins, because of course "worked" means fermented, and this jelly Mother had put in the mincemeat was probably a good 60 proof which was what made it so delicious.

She looked back and forth at us. "What are you laughing at? What's funny?"

We wouldn't tell her. If she had guessed there was so much as a single drop of alcohol in her mincemeat, it would have ruined her holidays.

Alice and I did have one semi-vacation away together. This came about when I was invited to Seattle to read a paper on my ivory plates and machine screws to the local medical people. We went out the long way via the Canadian Pacific to Banff and Vancouver thoroughly enjoying the scenery. The day after my talk, our hosts insisted on driving the three of us up Mt. Rainier to the snow. This experience proved to be one of the most hair-raising of my life. The summer season in the mountain resorts had just ended, and contractors were at work hurrying to repair the roads and buildings before the heavy snows descended. All the way up on the unpaved mountain road we were twisting along the edge of a sheer drop of from two thousand to five thousand feet, and every mile or so we met one of those contractors' trucks roaring down on the inside track scattering gravel and forcing our right wheels to within inches of the precipice. The spectacular view from the top, even the curious sensation of being in the snow when down below it was still summer, were definitely not worth the tortures of the drive. Descending was better only

because we had the middle track and if anything went over it would be one of the trucks.

That evening after we got down to sea level, Alice had an attack of shortness of breath which frightened us. It would have frightened us more if we had known that it was the first appearance of symptoms of valvular heart disease, stemming from the severe sore throats she had had in the spring of the year we had taken the grain boat to Buffalo, when she was seventeen. Even if we had known, medical science at that time knew nothing to do about it, so perhaps it was just as well that we were allowed to think it was nothing more than a violent reaction to the sudden changes of altitude we had been subjected to that afternoon.

In all this time, Alice never once complained about our life. She always made me feel that she was backing me to the limit and without reservations. Even when she became worried about the way I was driving myself her manner of making me realize it was very much like her no display of emotion, no dramatics. She just said to me one night when I came home, worn out and irritable as usual.

"Paul, do you know what your son said to me today?"

"No, what?"

"He said, Mother do you think I can talk to Dad tonight, or will he be too tired? "

That gave me quite a jolt. But it did not slow me down. There was always something that had to be attended to, something that had to be done right now and that I could not bring myself to look at philosophically or indifferently

Along about 1916, we moved to a small house near the University of Chicago, and this proved very convenient for a project which, with the aid of a great deal of luck, did quite a bit for my repute in Chicago medical circles.

For some time I had been impressed by the large number of painful backs I was seeing especially at the stockyards. I could recognize one of them fifty yards away The patient would typically come into my office bent over and to one

side holding his hand on the back of his hipbone and ease into a chair by putting his free hand on the side of it and letting himself down slowly with the leg on the affected side held out straight.

Nobody had found a reliable way to cure this kind of disability which probably would be diagnosed as a "disk" nowadays. Nobody had much of an idea why these backs acted this way In most cases it was not a matter of the spine having been wrenched by a violent or unaccustomed effort. The man had leaned over to tie a shoe or pick up some light object, a thing he had probably done ten thousand times in his life. On this one occasion he got a terrible stabbing pain in the back, and could not straighten up A careful record of a large number of these cases showed that the injury always happened when the body was being bent and rotated at the same time and also that most of these people were in middle age or beyond it.

I spent a great many evenings in the anatomical laboratories at the University making an intensive study of the structure of the lower part of the human back perhaps I should say "the different structures of the backs of different humans," because it is amazing how much they vary Where the spine rests on top of the hips, the whole weight of the trunk, head and arms is carried on a couple of quite small movable joints. I saw that in a large proportion of my anatomical specimens, especially those from older people, age and use had roughened the bones around the edges. Having seen a good many knees that locked because of a foreign body in the joint, I began to wonder whether my painful backs did not result from a rough joint that refused to slip back to its normal position when the patient tried to stand up after bending over A joint is like any other mechanical bearing If it has a roughened area, it won t function smoothly

After thinking this over and talking to some of my colleagues, I began to wonder whether it might not do some good to slip the misplaced joint into normal position by giving it a

sharp twist in the right direction, in other words, by manipulating it. In those days "manipulation" was a bad word in respectable medical circles it described what the osteopaths did, and of course they were considered beyond the pale. But I wasn't so sure the osteopaths didn't have the best of things in this particular matter Even though they probably didn't know what they were doing and most of their patients didn't stay cured, they were helping quite a few people, and that was more than could be said of the regular M.D.'s. Bad word or not, I decided to try manipulation, under a gas anesthetic.

The results were perfectly startling Many times a patient would get up and walk off with no pain whatsoever and no reaction. I learned it was necessary to keep the patient's back from slipping out of position again the next time he bent over so I always strapped those backs with adhesive tape, crossways and diagonally up and down, making a pretty effective adhesive plaster corset. The patient was usually very grateful until it came time to rip the adhesive off again and then he wasn't sure the cure wasn't worse than the disease.

After I had cured enough of these cases, I decided to read a paper about them before the Chicago Medical Society at an evening meeting in the old Grill in Marshall Field's Men's Building. Knowing it would be like waving a red flag at a bull, I had my paper announced under the title of "Manipulation for Pain in the Back," which brought out a goodly crowd of surgeons to see what kind of sacrilege this impertinent young fellow was up to now

They listened politely enough to my report, but the discussion that followed was an exhibition of pure mayhem. Those men, most of them my seniors by many years and eminent in the profession, jumped all over me, walked up and down my chest and stomped on my collar-button. They were all friends of mine, too, and I respected them.

When I was called upon, as the speaker always is, to close the discussion, I realized I did not have much scientific ammunition. I simply got up, bowed and said I was glad they

didn't believe anything I had told them about these backs, because my patients were getting well as a result of manipulation and people were going to hear about it. "And," I concluded, "if you distinguished gentlemen will just keep on refusing to manipulate these backs long enough, I'll get most of your practice, and I need the money. Thank you."

Of course that got a laugh, and the meeting broke up, except that a few of the younger men stayed behind. At this point the element of really fantastic luck made its appearance, in the shape of a doctor named Lundgren, who was on the staff at Augustana Hospital. I had noticed him entering the back of the room and easing himself into a chair during my talk, and now he came down towards the rostrum, walking in that typical way I had come to know so well!

"Doctor," he said, "you've described my condition pretty accurately. Do you think you can do anything for me?"

I said, "What have you been doing, Dr. Lundgren, changing a tire?"

"Yes," he said, "that's exactly how it happened." In those days we had "clincher" tires, which had to be pried off and then pried back on and pumped up with a hand-pump. It was too much for many an otherwise healthy back.

I turned to the men around us. "Has anybody got a gas machine in this building?"

One of them said, "There's a dentist in my office upstairs who has one. I'll get it."

We pushed two tables together and laid Lundgren out. Without further ado, not even taking his shoes off, I had one of the men anesthetize him with gas and I manipulated his back. He came to, wiggled around, sat up, looked a little surprised, put his hand on his back, slid off the tables and said, "Well, Magnuson, maybe you are as crazy as they were calling you tonight, but I am all well." And he walked out of the room, perfectly straight. He came in the next day to be strapped, and that was the end of his trouble, except that he didn't feel like changing any more automobile tires for a while.

Within a few days, lightning struck again. This time it took the form of a telephone call one Saturday from Dr Peter Basso, the professor of neurology at Rush Medical School, asking me if I would come and see a patient at Presbyterian Hospital. When I heard who the patient was, I nearly jumped out of my shoes it was Dr Frederick Moorehead, Rush's professor of oral surgery It was practically sacrilege for a man connected with Northwestern to be called to see a Rush man. Dr Moorehead had been at French Lick Springs playing golf and apparently had taken a swipe at a ball and missed, because down he went on the fairway with an acute pain in his back. They had had to carry him off on a stretcher. He had been seen by all the heads of departments at Rush, but was getting no better fast, and had been incapacitated in bed for about a week.

I found him in considerable pain and about as cheerful and ingratiating as a bear with a sore head. After I had examined him, Dr Basso asked me if I thought I could relieve him, and I told him I thought I could. Dr Basso said they would take him straight up to the operating room, but I said we could manipulate him right there in bed if we could have a gas machine brought down. That was done.

When he came out of the gas, Dr Moorehead wheeled himself around a bit and I strapped him. He went home in an hour or so, and was up working at his dental chair on Monday morning

It was only shortly after this that one of the surgeons at St. Luke's Hospital called me and asked if I would see his wife who had been crippled by a bad back for several weeks. He brought her down to Wesley where I manipulated her with the same spectacular results as in the other two cases.

By this time, with two doctors and a doctor's wife from three different hospitals up and walking about normally because of what I had done for them, some of my senior colleagues were compelled to admit that maybe this Magnuson wasn't entirely talking through his hat when he said there were some kinds of back disabilities that could be cured by manipulation.

That is often the way in which a new or improved idea in medicine wins acceptance from the profession. First someone has to work to develop it, test it out and present it in the form of a paper. Even so, whether it takes hold or not frequently depends on how many examples the profession can see within a fairly short time following the presentation. The medical profession is inherently conservative, indeed it must be when any deviation from the orthodox can result in the death or crippling of a patient. Anything new, therefore, needs not only to be completely sound in concept and development, but to be put forth with a bit of showmanship on the part of its sponsors, and a bit of luck.

In the year 1916, as though I didn't have enough to keep me busy, I took on another job which then and later was to prove enormously productive for me. The legislature that year created the state of Illinois' first Industrial Commission, charged with regulating compensation for workers injured in their jobs.

There were five commissioners, two representing employers, two representing labor and one who was neutral, and the law provided for the employment of a doctor to examine the injured and allegedly injured employees and report on what was the matter with them, the extent of their disabilities and their right to claim compensation. How to find a doctor who could be agreed upon by the two sides and the neutral was quite a problem. He had to have experience in industrial cases, yet if he had done work for the unions the employers wouldn't accept him, and if he was labeled as a company doctor the unions didn't feel they could trust him. That was where my record of objective and even aggressive impartiality paid off. One of the labor members had been an engineer on the Rock Island, and a little inquiry among his friends persuaded him I was not in the habit of carrying water on both shoulders. The men in the stockyard unions remembered my policies there exemplified by my run-in with old Mr. Fitzgerald at the Junction Railway. So although I was at that moment on the pay

ells of four of the largest industrial employers in the state, the Commission offered me the job.

I took it on the condition that I could set up the examination room in the Commission headquarters in the City Hall Square Building the way I wanted. There would be injured men coming in from companies that were paying me salaries. There might be cases that I had become familiar with in various ways. When a man was brought to me for examination I didn't want to know his name, who he worked for or anything at all about him except the medical history of his case. So I had several small booths built, with curtains in front and an examining table and instruments in each. Each case was known to me only by a number. While I examined the man in the little booth, a stenographer sat outside and I dictated to her through the closed curtains, a description of what I was finding about the man's present physical condition. This report was then typed up under the case number and I signed it. Only then did the stenographer put the man's name on it. The Commission, the employer and the claimant or his representative each got a copy of the report. Nobody was going to have any possible basis for accusing me of bias.

The only trouble with the plan was that I was constantly annoyed by the inability of the so-called secretaries to understand what was coming to them through the curtains. Well, there is adversity in everything and this particular difficulty eventually brought me one of the biggest boons of my life; that came several years later.

For the present, of course, this job increased my workload, and I can't say that the two hundred dollars a month I was paid for it really compensated for the time and effort. But it was another step onward in my life, a position of quite a little prestige for such a young practitioner — now just eight years out of medical school. Above all, it gave me a chance to see a wonderful variety of diversified cases, both surgical and medical, from every part of the state. That was what interested me day and night, all the time.

Chapter Eleven

THE YEAR WAS 1917. War had raged in Europe for almost three years and most of us in the Middle West had been scarcely aware of it as anything that could affect us. Now all of a sudden it came over me that we were going to be in it, and soon. That meant wounded men by the tens of thousands, perhaps the hundreds of thousands, being brought back and dumped into our peacetime hospitals. I could not see that either our hospitals or our doctors were ready for them. But only a short distance away in Canada, hospitals had been receiving wounded men from the battlefields for months. I decided, entirely on my own authority and by the request of nobody, to go up and find out how they were doing it. I took the train to Montreal.

I was astounded to learn that the Canadians had all their hospitals divided by specialties. They had a hospital for eye, ear, nose and throat cases, another handled fractures and bone disabilities, a third dealt with cases calling for skin grafts and plastic surgery. So, when a man came back with two or three disabilities, as many did (with mustard and chlorine gas, plenty of cases were both medical and surgical), there was tremendous indecision as to where he should be sent. Usually he went to the hospital specializing in his greatest disability, if that could be determined, and the doctors who were treating him for the other things that were wrong with him had to run in from their own special hospitals to work on him. The result was that

all the doctors spent the greater part of their time getting about among the various hospitals. I would have considered this the utmost folly and waste of medical talent even if I had not had such a prejudice all my life against spending time unnecessarily in getting from place to place.

On my way home, I stopped in Boston to report on this to Dr Elliott Brackett, one of the most eminent orthopedic surgeons in the United States. I had met him in medical meetings and found him very considerate of younger men. He seemed interested, but said nothing about my doing anything further about it, so back to Chicago I went, carrying with me a strong opinion that we in this country should make arrangements so that all casualties brought home to any city whatever was wrong with them, could be cared for in one hospital. In Chicago, there was no government hospital capable of holding anything like the number of cases that would probably be brought there for treatment.

I began to think about this, and I put together two facts which, combined, seemed to me to offer a remarkably logical and entirely feasible solution to the problem. The first was that the University of Illinois Medical School in downtown Chicago did not have a hospital the second was that right next door to the Medical School the old Cubs baseball park lay abandoned and vacant, as it had done since Mr Wrigley had bought the Cubs and moved their diamond to the North Side. Why wouldn't it be a good idea for the state of Illinois to buy the old ball park and erect a 3000-bed hospital building which could be leased to the government until the war crisis was over and then returned to the state for the use of the University?

I took this proposal to the State Council of Defense, of which Samuel Insull was chairman, and which included J Ogden Armour Bob Dunham, and other prominent Chicagoans. They thought it was a fine idea, and so reported to Governor Lowden, who also approved of it.

Inasmuch as the legislature was not in session, the Council

members themselves individually pledged the money to buy the Cubs baseball park, with the promise of Governor Lowden that they would be reimbursed when the legislature next met. The plan was written up and submitted to the federal government. By the time the government's reply came down, I was in the Army myself and I was one of the first to find out, much to my disappointment, that the Attorney General of the United States had kicked the plan in the teeth by ruling that it was a contract between a state and the federal government, and therefore unconstitutional.

So my idea fell through. It did not, however come to nothing. The Cubs baseball park was conveyed to the state and now a magnificent hospital built by the University of Illinois stands on that site, a part of the great West Side Medical Center which also includes Loyola, Chicago Medical School, Presbyterian, St. Luke's, to say nothing about the Lighthouse for the Blind, and the Veterans Hospital in the same area. Shortly after war was declared, I had a telegram from Dr Brackett, who had been appointed Chief of the Orthopedic Division in the Surgeon General's office, asking whether I would come to Washington. I came to Washington, took off my coat, and went to work without uniform, without benefit of appointment, and without pay

Plunging into things with my usual enthusiasm, I did not even bother to inquire about the rules and regulations for admission to the Army — there were not nearly as many as there are today At length after about six weeks, I was sent down to have the physical examination for my commission, was given the rank of captain, and got leave to fetch my family who by now were wondering whether they would have enough money to pay the grocery bill.

In the meantime I had made arrangements to rent a little house in Chevy Chase, right opposite the church on the Circle. Some of the happiest months of my life were spent in that house. War may be hell but for me it was a period when I had more evenings off and less pressure on me than in the

peacetime practice of medicine in Chicago the bell never rang to call me out on a nighttime emergency and I had some time to be with my wife and son. Paul had had his first year of schooling at the School of Pedagogy at the University of Chicago and he slipped into the grade school in Chevy Chase without a ripple. We never had to worry about his lessons, although he did distress his mother with his mischief at times. My captain's pay was not affluence, but it seemed a fair compensation. I had a little Model T Ford with red wire wheels to take me back and forth, and we got a houseworker who was a great boon to Alice and Paul. Her name was Rose, and her only problem was that she could never get Daylight Saving straightened out in her mind. When I came home, usually about six o'clock, Rose would say "Cap'n, tell me the time. Tell me *God's* time, not any of this new fangled time, because I want to get dinner." The only trouble was that I got fat. I went into the army weighing 161 pounds and was not a bad-looking young man, I do believe, with a thin waist. When I came out eighteen months later I weighed 193 with a big bulge around the middle, and my uniform between buttons was so scalloped from neck to belt that you could see my shirt through the gaps.

The horrors of war in the Surgeon General's office took the form of an acute shortage of clerical help, complicated by the fact that none of us had had a minute's military training or knew the first thing about Army Regulations or government routine. This was as true of Will Mayo and Franklin Martin in the next office as it was of Elliott Brackett, his first assistant, Dr Silver and me in the Orthopedic Division. Things were getting pretty fouled up, and Colonel Brackett selected me, as the junior man, to do something about obtaining some secretaries. It occurred to me that one of Alice's best friends back home, a girl named Helen Stevens, was a graduate of Pratt Institute, and wanted to do some war work. So I called her in Minneapolis, arranged somehow to get her railroad fare paid, and Alice and I gave her a room in our house, which was no

hardship because we were both fond of her Helen in her turn dug up another girl named Anne Steel, who also came to live with us, and those two girls set things straight in the Orthopedic Division. They did our typing kept our records in shape, and saved all of us a dozen times from being court martialed.

Incidentally they were a great resource to Alice, in the evenings and over the weekends. Alice didn t do any more gadding about in Washington than she had in Chicago. Helen and Anne brought a little social life into her existence.

There was one directive that came down, though, which we could not in good conscience abide by This was a direct order from General Pershing himself that all bone and joint cases, including muscle, nerve and tendon injuries, should be sent to the orthopedic surgeons. This would have been all right today except perhaps for the nerve injuries, but in those days it emphatically was not all right, because there were not half a dozen orthopedic surgeons in the whole country who had had any experience at all in open surgery *They were all child-straighteners, specialists in curvatures of the spine, congenital dislocations of the hip and club foot.* Most of them had never even dissected out a nerve.

This order which I believe originated with Dr Goldthwaite, the great Boston orthopedic man who was a close friend of Pershing s, meant that the general surgeons, a few of whom really knew how to do the operations, would be confined to belly and head work and the orthopedic men would be trying to cope with situations for which they had no training or experience. As somebody said, it was a case of Dr Goldthwaite having bitten off more than the orthopedic surgeons could chew

Meanwhile I had heard through my usual underground sources that the Surgeon General was about to issue an order that every doctor in the Army was to have his specialty entered on his card in the personnel files, and whatever specialty appeared on his card would determine which division he belonged to. I spoke to Horace Morrison, who had recently come in to work with me in Colonel Brackett s office, and he

agreed that this was the moment for action. I rushed out to a little store around the corner from the Mills Building and gave them three hours to make me a rubber stamp reading "Reserved for the Division of Orthopedic Surgery" which they did. I paid for it out of my own pocket. That night after dark, when everybody else had gone home, Horace and I sneaked upstairs to the personnel department of the Surgeon General's office and went through the whole index file of doctors in the service. Every time we came on a general surgeon whom I knew and who had some knowledge of bone and joint surgery we stamped his card "Reserved for the Division of Orthopedic Surgery" The Surgeon General's order went into effect the next morning and, before anybody woke up to what was happening all of these men had been officially labeled orthopedic surgeons and assigned to us, by which time it was too late to change. It was a case of kidnapping by rubber stamp.

It did not prevent my being promoted to major pretty soon, and it did not save me from six months of shuffling papers and files and looking things up, which I considered a waste of time for a doctor and pretty boring One day Colonel Brackett came into my office and laid a thick file on my desk.

"Major" he said, in his amiable way "this file concerns the problem of broken-down arches and painful feet in camps throughout the country As you know most of these cases can be fixed up by making a few simple changes in the man's shoes. That means that the surgeon has to send the man to the Quartermaster's cobblers, whose shop is usually clear at the other end of the camp from the base hospital, sometimes as much as five miles away"

I had a vision of these poor fellows with the aching feet hobbling the length of the camp, waiting half a day while their shoes were being fixed and then hoofing it all the way back again, by which time their arches would be flat on the ground. And I knew that in one camp over 60 per cent of the men were unable to march or do duty because of foot trouble.

"It's been suggested," Colonel Brackett said, "that we have a cobbler or two and some simple shoemaking machinery for putting wedges in heels and soles and making leather arch supports, assigned to each base hospital. Will you see what you can do about it?"

I said I would. I looked through the file, more or less. I was never very thorough about looking through files and the thicker they were, the less I looked through them. I put this thick wad of documents under my arm — not in a briefcase as a true bureaucrat should — and lugged it across 17th Street to the building which was then known as the State, War and Navy Building but which later was not big enough for the State Department alone and now is not big enough for the overflow of executive operations from the White House, making its history a thumbnail sketch of the growth of government.

Knowing nobody at all in the Quartermaster Corps, I made use of something I had discovered years ago that if you want to find out anything in an office, the person to go to is the boss's secretary because that girl knows more about the business and the people working there than anybody else, including the boss.

I went up to a young woman who sat outside the General's door and told her that I was looking for a doctor in the Quartermaster Corps. Now it might seem strange to go to the Quartermaster Corps looking for a doctor but I remembered that General Leonard Wood had been a doctor before they made him a line officer and thought there might be a fellow in the Quartermaster's office who had had medical training and would understand our problem. Sure enough, after I asked her the young lady said, "Why yes, there's one. It's Colonel ——" I don't remember his name but I think I would have voted him the Congressional Medal of Honor

I went down to Colonel ——'s office and laid the file on his desk. He frowned at it somewhat ominously and I quickly said, "I'm not going to ask you to read this, Colonel. We've got a simple problem here that I think you can solve."

"What is it?" he said.

I told him the trouble and what we wanted done, not forgetting to suggest that inasmuch as he had studied medicine, he would understand the need. His frown visibly softened.

"Is that all your problem, Doctor?" he said.

"Yes, that's all my problem."

"I think we ought to solve that very promptly" he said.

He called in his secretary and dictated a telegram to the St. Louis supply depot requesting the assignment of two cobblers and the necessary machinery to each hospital in each camp, enumerating them as I gave them to him.

That was that, and I felt pretty good about it. So did Colonel Brackett, who paid me the compliment of not asking me how I had accomplished it. Certainly nobody told me to write a formal report on it or notify anybody

About three weeks later I got a summons to the Surgeon General's office, and it was not the kind of summons that is sent with the Surgeon General's compliments, it was orders to report. Not having any kind of guilty conscience, I went up there quite blithely and stood before General Gorgas's desk facing him and his executive officer Colonel Furbush, whom I had known when he had been Director of Health in Philadelphia.

Dr Gorgas, who was a very kindly old man and a great scientist, but certainly not in my opinion a great administrator said, "Major did you have anything to do with assigning cobblers and shoemaking machinery to certain hospitals?"

"Yes, sir General," I said, proudly "I did that, and I hope they've arrived by this time."

"Arrived?" he said, "We're getting telegrams from every commanding officer of every hospital in every camp in this country wanting to know what the devil they do with cobblers and shoemaking machinery assigned to the hospital! Nobody told them anything about it." And then he said, "Major what military training did you have before you came into the Army?"

"None, sir"

"Have you ever read the manual of the Medical Corps?"

"No, sir"

"Have you ever read Army Regulations?"

"No sir"

"Do you know how to do a rightabout face?"

"No, sir."

I really have an idea that the General smiled, a little—he wouldn t want to smile very much under the circumstances. "Major" he said, "hereafter you will find out what military channels are and follow them. Is that understood?"

I said, "Yes, sir thank you, sir"

And with that I made my exit. I went down to the office and asked my friend, Scott Breckenridge, who had a desk in the same office as mine, "What do they mean by channels? I don t know anything about channels."

So he told me about them.

Then I said, "Do you know how to do a rightabout face?"

He said, "Why of course I do you poor fish."

"Where did you learn?"

"Haven t you heard?"

"No, I haven t heard," I said.

"Well, you know I went to West Point for three years," he said, "and at the urgent request of the faculty I took up medicine."

The real irony of this story is that it was Scott Breckenridge who was sent around to every camp where there were cobblers and shoemaking equipment, to get things straightened out. We couldn t possibly do it by telegram or by letter We had to send an officer who was a major and who didn't know anything more about feet than the commanding officer of the hospital. And that gave me my first idea of the way government wasted people s time, and about channels, which I have hated ever since.

There was nothing constructive to do from day to day and, although I enjoyed the very pleasant life with my family and

the chance to put a little weight on various parts of my anatomy I was bored stiff Not only were we not treating any patients, which was the only work I really cared about, but I couldn't see that we were making any progress. I never was interested in reading reports about what somebody else had done.

The one thing I was learning was which doctors, capable of doing what kinds of work, were located in which hospitals. There was a tremendous shortage of trained personnel. Our job was to get men and put them in the position in which we thought they would best serve. Most of the best ones had gone into the Army early; some had been ordered overseas at their own request, so the pickings were pretty slim by this time, six or eight months after the war started.

When we needed an outstanding man to serve as chief of service in an Army hospital, we often had to tap some medical school for him, and because the Army had built its hospitals in remote camps as far as possible from any medical school, he could not continue teaching. It was quite a struggle to strike a balance between staffing the Army hospitals and protecting the medical education of the country so we would have some doctors in the future. I kept thinking that, if only the Army could have put its hospitals next door to the medical schools, my life would have been a great deal easier and this was an idea that stayed with me.

Those Army hospitals themselves were something incredible —great sprawling mazes of one-story wooden buildings and miles and miles of corridors, as fireproof as a box of shavings and miserably hard to administer A farmer who gave no more thought to the planning of his milking barns than was given to the planning of Army hospitals in World War I would go broke in a month. And when I saw the very same sixty-acre monstrosities being thrown up in World War II and afterwards the determined effort on the part of the Army people to palm them off on the Veterans Administration, I really began to wonder

In June, 1918 the American Expeditionary Force went into combat. Soon the first American casualties would begin to arrive

from the front, the majority of them through the port of New York. For the purpose of receiving them, the Surgeon General had taken over most of Ellis Island, converting the main buildings into a hospital. The program was to check the men in, and after examining their wounds or other disabilities, assign each man to the hospital nearest his home which was equipped to take care of whatever was the matter with him. This meant getting the man, his personal effects and his papers all together on the right train going to the right place under the right orders, so there were infinite possibilites for confusion and red tape. Knowing my attitude on such matters, Colonel Brackett thought I was just the man to take care of assigning patients returning through the port of New York to hospitals.

I took off for New York and reported to Colonel Kennedy the commanding officer of the medical department of the New York port of embarkation, in Hoboken. Typically I did not just report for duty and let him assign me as the regulations required, I told him what I was there for and I suppose he saw no reason for arguing. So, down to Ellis Island I went, reported to Major Hague, the hospital commandant, who turned out to be a Pennsylvania classmate of mine, and found a two-room apartment for my family and myself in the main hospital. It was pretty bare and small, but it would have to do.

I discovered that there were really three islands, connected by narrow runways filled in with cinders. Island Number One, the largest and best equipped of the three, was in use as a Navy transfer station, and also housed what remained of the Immigration Department. It was the only one that had any green grass— an attractive area of lawn in front of the buildings overlooking the dock where the government ferry landed people and supplies. Island Number Two had a hospital with the quarters for administration and staff Island Number Three was just hospital.

One of the first things I noticed was that a very nice sunshade tent was set up on the spreading lawn of Island Number One and every afternoon when it was pleasant a group of five or six well-dressed ladies and gentlemen came out on the lawn,

entertained themselves with various games and then had tea. The scene was most elegant and attractive, and when I inquired, I learned that these were German interns. One was Madame Victoria, the Kaiser's cousin, another was Madame Nix of the Imperial German Court, and the others were their male counterparts. They did not seem to be worrying much and nobody seemed to be bothering them. There was not even a guard, as far as I could tell.

My orders were to get the casualties in and out as fast as possible. According to Washington, twenty-four hours should be enough time and that was the theory I went on. It was something to shoot at, anyhow. I went to Major Hague and told him what I wanted in the way of a clerical force; my estimate being that I would need fifty first-class stenographers.

Hague shook his head and laughed. "Why, Paul, there isn't any clerical force here at all. I haven't enough people to act as nurses and orderlies in the hospital."

"Well," I said, "how am I going to do this job without clerks?"

"I don't know," he said, "that's up to you."

So I hied myself over to Hoboken and put it up to Colonel Kennedy that I wanted fifty of the best male stenographers in the port of New York. He laughed even louder than Hague. "There aren't fifty first-class stenographers in the port of New York, in or out of the Army!" he said.

I was getting fairly mad by now and I said, "Colonel, if you can't get them for me, can I go and get these clerks myself?"

"What do you know about Army Regulations?" he said.

"Not a thing."

He shrugged. "Just do me a favor, Magnuson."

"What's that?"

"Don't get yourself court-martialed."

I didn't mention it then, but I had already had an idea. I knew a man named Henry Simler who was an official of the Remington Typewriter Company and I thought, if anybody knew where the good stenographers were, a typewriter com-

pany certainly should. The next day I was in Simler's office in New York, telling him that there ought to be fifty able young men around New York who weren't too anxious to get shot up, who were going to be drafted anyway and who wouldn't mind being stationed where they could see their wives and families once a week or so.

"You find them," I said, "and I'll induct them into the Army and make sure they stay right here."

"Good Lord!" he said, "how do you expect me to find them?"

"I thought if you had brains enough to get to the position you have in the Remington Company you could find a way to do that." He just shook his head. I said, "You have a house organ, haven't you? Why not put a little ad in it, or a paragraph that will let these fellows, if they are smart, make a deduction or two about hooking up with these jobs? Anybody that turns up, you can send down to me at Ellis Island by name."

Still looking doubtful, he said he would try it.

Hardly a week later a young fellow named Hugg appeared at my office. He was the son of a wholesale grocer in Erie, Pennsylvania, and he was a smart boy. I put him through the induction routine and immediately recommended him as a first sergeant, on the theory that he was going to run my organization and I might as well get him promoted now. He never had a minute's basic training and I am sure he couldn't have done the manual of arms on a bet, but I will stack the sheer value of Sergeant Hugg's contribution to the war effort up against that of a good many generals. He was magnificent. We got several more of the same caliber the next week, one of them had been secretary to the president of the gas company in Philadelphia and another secretary to a high official of the Boston Edison Company, fine fellows both of them. Throughout this procedure, we had the wholehearted support of my friend Major Hague, who made sure nothing went wrong with the induction and promotion of these boys.

We were just in time for our first convoy. There were

thirty-seven patients. We had no notification that they were coming until the harbor boat deposited them on our dock. It took us three and-a half hours to admit those thirty seven people, just get them into the hospital. Then the problem was how to have them examined and their cases classified, write their individual orders in my office, transmit the orders to the Surgeon General's office to see if the designated hospitals were clear to receive the patients, get the orders back approved, supply escorts if necessary coffee money baggage transfers, tickets for the patients and tickets back for the escorts. It was quite an undertaking and it took our whole force many times twenty four hours to process that first group through.

We decided we needed practice.

We got a room and some wide sheets of brown wrapping paper which we tacked up around the walls, and then marked with black marking-pencil the various stages each man, his baggage and his orders had to go through. We practiced and practiced on a simulated convoy and the result was that the next batch of real casualties to come in went through twice as fast, although there were three times as many men. Our team really got clicking until we reached a point at which the only place there was any holdup was in getting the approved orders back from Washington. They had to be sent through Major Hague, and up through Colonel Kennedy and I made up my mind that it was in Hoboken that they were being held up.

By now I had learned that I must not go outside channels, or at least not get caught at it. So now and then I would run over to the Manhattan headquarters of my college fraternity and telephone the Surgeon General's office. These calls, which I paid for myself, always got things moving again. I know it was not to Colonel Kennedy's liking because pretty soon he told Hague to find out and report whether I had made any calls to Washington. Of course there were none on the hospital phone list, and I had been careful not to mention my Manhattan excursions to Hague, so he reported to Hoboken that there had been nothing of the kind, and that settled that, with

the result that we were getting most of the men through and out of there on the way to their home towns and their families in between three and five days, which any good bureaucrat will tell you is practically a world's record.

Before I left that assignment, three other receiving hospitals had been set up in the port of New York area, one in the Greenhut Building on Manhattan, one on Gun Hill Road in the Bronx, and one on Staten Island, and I learned that they were taking between three and six weeks to get patients in and out of each of them. I don't blame the people in charge of those hospitals, they didn't have a Sergeant Hugg or the seven or eight other sharp young men who came to Ellis Island via Simler's house organ ad, and who really deserve the credit for getting things organized and keeping them moving.

Meanwhile, I had begun to cast covetous eyes on that lush spread of lawn where the German aristocrats were disporting themselves so gracefully. It made me boil to see them, when our wounded and sick men had nothing but the cinders and pilings around the hospital buildings. I went to Hague and said, "Why can't we have that nice big green lawn for our patients to sit around on?"

"I've tried to get it, but the Immigration Department won't give it to us," he said. "They say we have Islands Number Two and Three and, bluntly, that's all we're going to have."

"Well," I said, "in that case, it's too bad."

I got in touch with a friend who was masquerading at that time under the alias of Captain Arthur Samuels, but who was a good deal better known as Art Samuels, the crack newspaperman who had accompanied Teddy Roosevelt on his campaign trips in 1912 and who had made a reputation as a writer for the *Saturday Evening Post*. Art came down to Ellis Island and I called his attention to those elegant enemy aliens basking in the sun and having tea while the boys who had come back disabled sat forlornly on pilings.

"If we could get somebody to write this up," I said, "it might cause quite a sensation, and maybe we'd get some action on it."

"I know the very man for the job," Art said. "He'll do a story and keep both of us out of trouble."

A day or two later I got word from Art that a man named Frank Ward O'Malley would be waiting at the Battery that afternoon for me to escort him to the Island. Everybody who read New York newspapers at that time knew that Frank Ward O'Malley of *The Sun* was the great star reporter of Park Row the inheritor of Richard Harding Davis's mantle, so Art had obtained the best there was. O'Malley brought a camera, one of the bulky things that newspapers used in those days, and we shot the German tea-sippers from the boat, both as it docked at Ellis Island and as it left again. It took a little maneuvering to keep the camera hidden; neither of us wanted to go to jail. I asked Mr O'Malley to hold the story until I had a chance to see if I could get the grassy island for our men. He agreed, I thought a little sorrowfully

"Major" he said, "this story will blow the Immigration Department wide open. Frankly that department smells to high heaven. I wish you luck, but I'd like to run this in my paper"

I went to Washington, supposedly on official business, and paid a call on the Commissioner of Immigration. Seeing I was in uniform, he was very gruff with me, in a way I would describe as Prussian. I told him what I wanted.

He said, "That part of this land belongs to Immigration, and it is not going to be used by the Army or anybody else."

"I see, Commissioner" I stood up. "Commissioner I came in here to do you a favor I happen to know that this story has gotten into the hands of a very widely read newspaper writer. But through a friend of mine who knows him, I have asked him to hold the story because it certainly would raise an awful stink, especially if he happened to have pictures. You can imagine it breaking in the press all across the country"

"I suggest you mind your own business and go back to your job, whatever it is," the Commissioner said, pretty stiffly and I went out, leaving him to his thoughts.

They could not have been very happy thoughts, because when

I got in to Ellis Island the next morning at eight o'clock, Hague called me into his office.

"Paul," he said, "who did you see in Washington?"

"Oh," I said, "Stanley Coulter and some of the others in the Surgeon General's Office."

He looked at me with a wry little smile. "Who else?"

"Why, nobody," I said.

"No, of course not," he said, and handed me a telegram which said that the Immigration Department had released Island Number One and all its recreational parts to us from ten o'clock each morning until nine o'clock each night.

Hague said, "All I can say is it's a damn funny coincidence that every time you go to Washington something gets unstuck around here."

But I was really sorry for Mr. O'Malley. When I told him he couldn't publish that juicy story, he was brokenhearted.

The Armistice brought no easing up for us. The wounded and the sick continued for many weeks more to pour into New York in convoy after convoy. During the summer we had seen quite a number of relatively mild cases of so-called "Spanish influenza." Now as the weather turned cold, it suddenly became virulent. This was the terrible epidemic known ever afterwards as the flu. It caught us at Ellis Island unawares, as it caught everyone everywhere. Nobody could have foreseen how rapidly it would spread, how it would weaken its victims, laying them open to lethal secondary infections, especially pneumonia. At its height, we had coffins stacked six high on the cinder paths and pilings around the islands, and half our staff were laid low. One of the worst things about the flu was that there was nothing anybody could do except try to keep the patient alive and hope he would survive both the disease itself and its aftermaths.

Then Alice came down with it, a really violent case. The Chief of Medical Service on the Island, who was a very able internist, took wonderful care of her. We could not get any nurses, so little Paul and I — he was seven years old then —

gave her all the attention we could. Fortunately my office was in the same building as our quarters, enabling me to run in to see her frequently. I slept in the room with her to be there in case she needed help in the night. Paul slept in the other room. In one way we were lucky: both of us were around the hospital with all the desperate cases including my wife's, and we never got sick.

As soon as it was possible for her to travel, I sent her and Paul back to her parents in St. Paul. I thought a rest might do her some good.

The Army was not through with me yet, even though the emergency in the port of New York was over. I was given orders to serve in a new veterans' hospital on Corey Hill in Brookline, Massachusetts. My chief was to be my friend Dr. Frederick Cotton, who was in my opinion the outstanding bone and joint surgeon in New England, if not in the entire country. Before leaving Ellis Island, I arranged with the head nurse in the Surgeon General's office in Washington to have Ruth Phillips, my surgical instrument nurse at Wesley, transferred to Boston, along with another first rate girl from Chicago.

But when I got there, I found that Corey Hill Hospital had not even been built. I had some nice visits with Cotton, which accomplished nothing in the way of Army service for either of us. I was able to stop the orders on one of my nurses from Chicago, but Ruth Phillips arrived, and there we were with nothing to do but rattle around Boston Common. I decided that if the Army did not have any more sense than to assign me to a nonexistent hospital, and in view of Alice's illness, the time had come for me to get out of uniform. I needed to get back to work, resume my profession, stop moving Paul from school to school. I took a train to Washington, went straight to Colonel Brackett's office, and told him what I had come for.

Although we knew each other pretty well, we had always, up to this time, been "Colonel Brackett" and "Major Magnuson" to each other. This time he called me "Paul."

He said, "Paul, I can't let you out of the Army now when the

kind of work you are best qualified to do is just getting started. We're just beginning to open up on bone and joint injuries."

"It will be a long time before we open up in Boston," I said, "and I don't intend to sit around twiddling my thumbs while my wife is with her parents."

He remonstrated with me in his unfailingly kind way and I finally said, "I don't want to make myself unpleasant or put you to any embarrassment, but I am going to get out of this Army. I honestly feel I have done my share. I have not done a lick of surgery since I've been here. I've always had jobs I didn't want and wasn't fitted to do, and I've done them to the best of my ability. Now I have reached a state of mind in which I am not going to be any good to you or the Army or anybody else. I'm going to take care of my family and my business."

Then I sat down on the corner of his desk.

"May I sit here, Colonel?" I said.

"Why certainly."

"I've got to make myself comfortable," I said, "because I'm going to sit here until I get my discharge, or until you call the guard and have me put in the calaboose."

After a little while, Colonel Brackett shook his head despairingly and said, "Go over and tell Miss Stevens to write your discharge and bring it over here, and I'll sign it."

So I went to Helen Stevens, Alice's best friend, and we collaborated in writing the discharge. Colonel Brackett signed it, and I went back to Boston to wait for the formal separation orders to reach me.

After about ten days' delay I telephoned Washington two or three times, and, thank heaven, Helen was still in the office to find out where the orders were and why they had not come through to me. The day they finally came through, I was on the train westward to St. Paul, where my wife and son were. My war was over.

Chapter Twelve

IN EVERY PROFESSION there is a period in which a man is learning his trade; in medicine, this continues long after he has finished his formal schooling. During this time, if he has confidence in himself, the doctor spends any money he makes on things that will increase his knowledge and improve his chance of success later on, so he is always broke. During the next phase, when he is in the full flood of his professional competence, using his knowledge and experience to the limit, he may begin, with luck, to earn more money than he can spend on his continuing education. At thirty five I thought I was about ready for this phase, and with my usual lack of caution I had already burned two important bridges of financial security behind me. While still in the Army I had written to the presidents of both the Stock Yard Company and the Junction Railway advising them that I did not intend to reopen my Halsted Street office.

I knew that if I went back to the stockyards now I would never get away as long as I lived. I would always be the stockyards doctor, the fellow who fixed up the fractured knees, the injured spines and the lacerated hands of the railroad and packing company employees.

My anxiety to get started kept me from staying long in St. Paul. I had lunch with Father at his club downtown; I stood in the sunshine outside our house with Mother and Paul — wearing my uniform, scalloped front and all, for the last time — while a neighbor took a snapshot of the three generations. Either that

time, or on a visit a little later I don't remember which, I learned that no matter how much a man thinks he has accomplished, he always stays a little boy in his mother's eyes. This was really funny

My mother complained one day that she had been having trouble with a painful lower back, which she called lumbago. I thought that with all my knowledge of the human back and what can ail it, I could probably do her some good.

"Mother" I said, "why don t you go upstairs, take off your corsets and put on something loose? I'll come up and examine you."

She held up her hands.

"No, you don t!" she said. "No, you don t go trying your experiments on me!"

That was a favorite story in all our family for many years. I still can't resist a chuckle when I think of it. As for her back, it got well anyway

Alice did not go back with me to Chicago It was plain to see that she had not yet regained her strength. I thought maybe a bit more rest would help her

I arrived in Chicago with the following assets: my job as chief surgeon of the Alton Railroad, which brought in two hundred dollars a month, my position with the Industrial Commission, which was also good for two hundred dollars a month about two thousand dollars in the bank, my little Ford with the red wire wheels which had been shipped from New York, no practice at all, and a one-room office in a suite at 30 North Michigan Avenue.

At least I thought I had an office. I had been paying rent on it the whole time I had been in the Army just to be sure it was still there on my return. But when I went around to 30 North Michigan Avenue, I found that the doctor who had charge of the suite had rented my room to one of his colleagues, claiming that my lease was up and I had not renewed it. I saw this other fellow s desk and tools in my office, and they told me he had a lease so there was nothing I could do about it.

It was all perfectly legal, and in my opinion, damned unprofessional.

True, I got my office situation straightened out pretty promptly by making so much noise that the building management had no choice except to give me another room on the same floor but it was still unsettled when I walked over to the Alton Railroad that first afternoon, and saw a stack of bills ten inches high on my desk. They were all from doctors along the Alton's right of way for services rendered since I had gone into the Army and they were all unpaid. I took them in my hand and went to see the chief claims agent, Archer the one who had been so put out when I was hired in the first place.

"What's the matter with these bills, why haven't they been paid?" I said.

"They are too high," he said.

I was determined not to get mad. "Listen, Archer," I said, "I'm the chief surgeon here, and it's my job to say whether they're too high for the services rendered or not."

I took them back to my office, and started on the process of checking them out. In the meantime I had sent for Alice and Paul, and we had found an apartment on the second floor of a nice building It had six rooms, including a maid's room. We put Paul, now a rambunctious eight year-old, in a school nearby and thought we were not too badly off.

Most of those bills on the Alton turned out to be perfectly fair charges, so I initialed them and sent them back to the claims department for vouchering thinking that ended the matter During the next month, I got a flood of letters from doctors down along the line asking why their bills had not been paid. I went in to see Archer again.

"What about these bills?" I said.

"I'm not going to voucher them. They are too high."

I said, "They are going to be paid if I say so."

Archer got very red in the face. "I'm not going to pay them."

"Well," I said, "I think we'll probably see about that."

The next morning there was a message from the president's secretary that Mr B wanted to see me immediately I knew by her voice that this was no courtesy call, and my popularity with Mr B was none too high just then because, a few days earlier I had found a buzzer on the wall over my desk, and when I asked what it was for, had been told it was connected with the president s office, so he could send for me. I had called the secretary and told her to tell Mr B that I had just that minute taken the buzzer off the wall, and if he wanted to see me, he could call me on the telephone and I would be glad to come, but I didn t answer a buzzer for anybody

I found Archer sitting in front of Mr B's desk. There was a little sparring and then I said, "Mr B I've looked over these bills. They are reasonable, and they've got to be paid."

He said, "Mr Archer says he can get them cut down."

My reply was that I did not care what Mr Archer said, that he was not the chief surgeon and did not know what kind of services had been rendered or what was a fair charge for them. B tried to be conciliatory

"Doctor if we can save money" he said, "we ve got to save it."

"Mr B," I said, "I am not going to ask these doctors to pay the interest on the money to Mr Harriman's widow for the sixty million he made out of this railroad."

And he said, "Doctor that's rough talk."

I said, "It s intended to be rough talk, and I mean it. Now Mr B, those bills are going to be paid or I'll tell you what I am going to do. I am going to sit down and write to every doctor on this railroad. They are all men of importance in their own localities if they weren t you wouldn t be writing to me all the time when the legislature is in session, to get the doctors to intervene with their lawmakers to allow over a hundred cars on a train, and to veto the laws that you think are detrimental to the operation of your railroad. And I m going to tell them that, in my opinion, this fellow Archer is a pusillanimous pettifogger who doesn't know what medical services are worth, and I've okayed

their bills and they d better sue the railroad for them, and I'll come down and testify that they are fair and reasonable."

He said, "Doctor you wouldn t dare do that."

I said, "Mr B, that s exactly what I am going to do unless these bills are paid."

"Well," he said, "you know that means that you re out."

"I knew that when I came in here," I said, looking at Archer "I don't like to work for this two-faced so-and-so anyhow"

Two or three afternoons later, when I went to Grant Park parking lot to pick up my pretty little red-wheeled Ford, it was not there. The police politely agreed that it had been stolen. I had insured it while at Ellis Island, but, my papers having been lost in transit from New York, I did not have the policy I couldn't even remember the name of the man who had sold me the policy or what his company was called. I only knew he lived in Brooklyn and had a fine New York Dutch name.

In a desperate black mood, I walked to the Chicago Athletic Club, of which I had been a member before the war telephoned Alice that I didn't know when I would be home, and went to work *on the New York City classified telephone directory* In the listing of insurance men, I found the name Ten Eyck, and it seemed right to me, as did the Brooklyn address given in the book. I sent him a wire, on the theory that there was no harm in trying.

The next morning a telegram was waiting for me at my office "Never mind your policy You are insured in the Fire men s Fund Mutual. Someone will call within a few days to pay your claim."

It was not within a few days it was that afternoon. And before another ten days had passed, a man came in and laid on my desk a check for the full amount I had paid for that Ford when it was new That was real service, I thought — and still think. Firemen s Fund Mutual and Mr Ten Eyck got a perma nent friend that day and if that is free advertising I hope they can make the most of it.

I had been getting steadily madder about my dismissal from

the Alton Railroad, and that long night when I did not even know whether I would have a penny to show for my stolen car brought the thing into sharper focus. It happened that the country's railroads were still under government control, and Mr Hale Holden, president of the Burlington Lines, whom I had met a few times, was director of railroads for the whole Midwest and Northwest. I went to see him, and told him the situation I had found at the Alton on my return from volunteer war service. I concluded "Is the government going to treat people to that sort of shabby trick when they get out of uniform?"

He said, "Doctor will you give me a day or two to look into this? It sounds interesting"

I don t know what he did, but I got a letter from the Alton, signed by Mr B informing me that I had been reinstated for an indefinite period. I wrote back immediately· "What are my duties, now that I have been put back on the payroll?"

The reply was that I would have no duties. I decided, if they wanted it that way I would oblige them, which I did for about six months, at which point I thought I had collected enough money without earning it, and turned in my resignation. Incidentally who do you suppose came to me a number of times after that as a private patient? None other than Mr B the president of the Alton Railroad. As a matter of fact, he became pretty annoying, because he was a terrifically introspective individual and quite a hypochondriac.

At the time of my return to Chicago, I had no private patients at all. Casting about for some way to lure a few customers in my general direction, I decided to invest some of my remaining cash in sending out reprints of a number of articles and case reports I had written before the war They were mailed to all the doctors I knew and all those who might know of me, in Illinois, Indiana, Wisconsin, and part of Iowa, with a little covering letter saying I was back from the Army and if they had any business they didn't want, I would be glad to take care of it for them, or words to that effect.

The first result was a delightful letter from a lady in Jacksonville, Illinois, down in the middle part of the state. Her ailment may not have been romantic, but what she wrote was romance enough for me.

> Dear Doctor
> I have been waiting eighteen months for you to come back from the army and operate on my bunions. I have heard that there are often very bad results in these operations, but I have seen two of your former patients who can walk better than I ever saw them walk before. I would not let anyone else oper ate on me. When can I come to see you?

My impulse was to grab a train to Jacksonville and go get her before she changed her mind, but I thought she would be more impressed if I gave her an appointment for a week or so hence, which I did. She showed up and I performed the operation, which turned out as well as she had expected and a good deal better than I would have dared promise her After her patients began to come in at quite a satisfactory rate, especially from towns along the Alton's route. Some of them at first were employees who had heard of my differences with the railroad's management and thought I would try to get them high compensation as a means of taking my revenge. When they found out that was not the way it was going to be, I soon got rid of that kind of business, and that didn t hurt my standing along the line, either A doctor who gets a reputation for being biased in his medical opinions, even when it is in favor of his patient against a big corporation, loses out in the long run, because most people instinctively know that a crook cannot be trusted for anything.

By this time, things were going pretty well. Even my problem of getting my dictation taken at the Industrial Commission had been solved. The girl they had first given me after my return was as hopeless as any I had had before. I will admit that medical dictation is hard to get at best, and the fact that this had to be done through a drawn curtain probably didn t help her any; but the outcome was that I not only didn t know who the pa-

tient was or who he worked for but from what she had written down I couldn t for the life of me tell what I had said about his physical condition. After about a month of this I was so irritated that I went and told the Commissioners they could have their job unless they could give me a girl who could take my reports. The Commission s Secretary a young fellow named Tim Murphy who had befriended me in many ways, came to the rescue, and I have blessed him ever since for saying "Doctor we have a fine intelligent young woman here who is leaving because she can make more money outside of civil service. I think if you paid her fifty dollars a month extra, you could get her to come to work for you"

I said, "Let s have a look at her"

Murphy brought in an attractive young woman of about twenty with a good direct look in her eyes and a fine bright smile, and introduced her as Miss Winters. Ten minutes conversation with her and I gladly agreed to pay her the extra fifty a month out of my own pocket. That was the best investment I ever made.

The next morning when I came into the examining room, Miss Winters was sitting there with her nose in a book. It was a medical dictionary She had bought it with her own money I started dictating to her She never asked me a question, she got every word I ever said exactly as I said it she never misspelled a medical term. When I was through with a report, she edited it, punctuated it and rearranged it so that it was more intelligible than I had been able to make it myself in the course of the examination.

And I came terribly close to losing her through my irritability It frightens me now to think of it.

One day soon after Lola Winters came to work for me, I left my car in a garage to be repaired. At the end of the day about five o clock, I called up to have them put the car on the ground floor so I could pick it up and drive home in it. I was told that the place was closed for the night. The only person there was the man who answered the phone, and he was just the

watchman and couldn't move the car I will admit that by the time I got through talking to that watchman, the wires were practically burned off the telephone. I had to take a cab and I remember the strange, shocked way Miss Winters followed me with her eyes when I went out of there.

Long afterwards, her mother told me that when that girl went home that night, she was almost in tears. "I certainly can't work for that man," she said. "He uses the worst language I have ever heard."

It was her mother who saved the day She told her daughter that when she had been around a few more years she would become used to words like those, and would realize that they didn't really matter. This soothed Miss Winters enough so she was at work the next day

When, after several months, I resigned from the Industrial Commission, she came with me to my own office. That was nearly forty years ago, and Lola Winters is still there looking after my interests, holding my full power of attorney She has never let me down, always worked as long and as late as necessary to get the job at hand finished, always stood by me when I needed her which was often — as great a woman as I have ever known and the most devoted friend. Not many men are lucky enough to have a Lola Winters in their lives. It is an experience which those who have not had can never fully appreciate. But those who do have it know it, and are thankful for it then and ever afterwards.

I owed the Industrial Commission another vote of thanks. From the beginning, I had insisted that even though I did the bulk of the examinations, they ought to have some of them done by other doctors. One of the men I brought in for this purpose was a Dr William A. Hendricks. After watching him work a while, I decided that there was a man who was a surgeon in every cubic inch of his short rather chunky body Bill Hendricks resigned from the Industrial Commission when I did, and came with me as my partner in the office at 30 North Michigan. That was solid good fortune for me.

One way and another I was beginning to make a little money not much, but enough so that we were not continually worried about it. One day as I was walking down Michigan Avenue two blocks from Wesley Hospital I saw in a window between 25th and 26th Streets the most beautiful thing on four wheels I had ever seen. It was a Locomobile — a sporty model, with a long hood, a short-coupled body and bucket seats in front, it was painted a delicious green, with a tan cloth top, and the radiator the radiator cap the hub caps, the big headlights in their stirrup-shaped brackets and the handles on the doors were all of brass. I stood and looked at it, fascinated, and re membering how much pleasure my father got out of a good car thought what a wonderful thing it would be to take that dream of a car to him as a surprise present. This would be a real way of thanking him for many things, especially since he had suffered some pretty serious financial losses in the panic of 1920.

I went in and asked what the price was. They said it was seven thousand dollars. This was an amount of money I did not have But it turned out that the car belonged to a recently de ceased man of wealth, whose estate had sent it down to be disposed of Here I was with just so much I could offer so they could not raise the price on me; and here they were with a car to get rid of and in the natural course of events the day came when I got that car for far less than seven thousand, and drove it up to St. Paul. Alice, who was in one of her stronger periods, made the trip with me. I had not told Father we were coming We stopped downtown and had the car thoroughly washed and polished, and I must say it was a spectacular look ing vehicle when we rolled up to the house in Merriam Park.

We got out and walked to the front door Father and Mother as always, were delighted to see us, and after the family greet ings, I said to Father "Go out and see what's in front."

He went and stood on the porch and looked at it, and said, "Oh, isn t that a beauty!"

"Pop," I said, "would you like to have it?"

"Yes," he said, "I would if I could, but anyway I'm glad you could afford one."

"Well," I said, "I just about could afford it. It's all yours. I brought it up for you."

And my father never a man to show emotion, winked a little at that, and presently went out and got behind the wheel. I don't think I have ever seen a more pleased expression on anybody's face. Lord knows he was entitled to it.

I got a great deal of satisfaction out of that moment, and out of something my father told me years later. When one of his wealthier friends at the Minneapolis Club was admiring the Locomobile, he said, "My son gave me that as a present."

The other man, who had two sons, neither of whom was very satisfactory to him, said, "Charlie, it isn't just a question of whether he could give it to you or not; it's a question of his wanting to give it to you. That's what means something."

Father drove that car until the first year of World War II. And I mean he drove it. On one occasion during the '30s, when he was about eighty years old, he and Mother set out for San Francisco in it, to visit my sister Ruth. They had a chauffeur one of mother's protégés whom she had converted to religion in her church — he had been somewhat less than saintly beforehand. After visiting in San Francisco for several weeks, they decided to call on my sister Louise, who lived in St. Augustine, Florida; so they drove clear across the continent. On their way home, they stopped off to see me and my wife. I noticed that my mother when she got out of the car did not seem any the worse for wear and I said, "Mother don't you ever get tired of all this riding?

"Why no," she said. "I just sit and enjoy the scenery. Papa does all the work."

"What does the chauffeur do?" I said.

"Oh," she said, "he sits in back. Papa won't let him drive. Papa likes to drive this car himself."

He did. He drove it for twenty years. It came to be a land mark around the Twin Cities. He never gave it up until 1942,

when Mark and I for his own protection, persuaded him to donate it to the government because it contained so much bronze and other materials needed for the war effort. He never touched an automobile after that, and I get a lump in my throat every time I recall the scene of that car being driven out of our driveway and my father standing and watching it go. That was certainly a successful gift.

In fact, success seemed to be all around me. I had my own surgical service at Wesley running from twenty to forty patients. I had resumed my teaching at Northwestern, and the faculty had been kind enough to promote me, without any request on my part, to the rank of assistant professor of surgery Professors at the medical school at Northwestern worked without pay but the distinction of teaching there as well as the experience of helping to bring along a new generation of doctors made it well worth the trouble.

I took up writing papers again and reading them before different gatherings. Along with teaching this is the way a doctor gives the profession the benefit of his experience and at the same time builds his reputation. Having a loud, clear voice, and maybe something to say I created a pretty fair demand for my services as a speaker

I had long since joined a number of medical professional groups, among them the Chicago Surgical Society the Western Surgical Society and of course the Chicago Medical Society of the American Medical Association. It will probably seem strange, in view of the fact that so much of my work was in diseases and injuries of the bones and joints, that the American Orthopedic Association was one group I didn't join. The basic reason was my built-in objection to bureaucratic rules and regulations. American Orthopedic had a rule that a man being admitted to membership had to submit a thesis at an annual meeting This I flatly declined to do. I reminded them that I had read papers before them by invitation on several occasions; and I thought they had listened to them, not because they loved me but because they wanted to find out what I was doing in the

way of progressive bone and joint surgery. They could accept one of these as my initiation thesis.

They refused to alter their rule. I certainly had no intention of changing my mind. That's the way it stayed for eighteen years, until they finally revised the by laws and let me in without a thesis. On the night of my induction, I bowed deeply to the president and the board of governors, some of whom had been my students, and said, "Thank you for electing me to this society. I've been trying to get in for eighteen years." George Bennett, professor of orthopedic surgery at Johns Hopkins, shouted from the back of the hall, "You damn stubborn Swede, you'd have made it eighteen years ago if you hadn't been so damn stubborn, and a Swede!"

Of course I didn't know it would turn out that way back there right after the first world war. I only knew I wasn't going to write an initiation thesis just to comply with what I considered a stupid regulation.

One afternoon when I came home from work and was getting out of my car in front of our apartment building, one of our neighbors came up to me.

"Doctor," he said, "do you mind if I ask you a rather personal question?"

"No," I said, "go ahead."

"Well, it's this, Doctor," he said. "Some of us around here have been wondering what's the matter with your wife. I hope you don't mind my inquiring."

"Not at all," I said. "She had a very bad case of the flu during the war. There were complications. She's much better now, but for a while her heart was affected."

"Her heart," said the neighbor, "yes, I thought it must be her heart, when I found her several days ago sitting on the curb halfway between the streetcar stop and here, trying to catch her breath."

I will never forget the shock of those words; I can still feel the hollow sensation in the pit of my stomach. I mumbled some kind of thanks, and bolted for the stairs to our apartment,

which was on the second floor In three minutes I was arranging for the best cardiac specialist in Chicago to come and see Alice. Then we learned the truth, which was that her heart was damaged beyond any repair known to medicine in those days. The initial injury had occurred when she had had those attacks of "strep" throat back in our high school days. The flu had critically aggravated it. From now on she would always be an invalid. She would always be close to the edge of death. She would never climb another flight of stairs. As long as we had that apartment, she never left it unless I was there to carry her up to the second floor

Every time I thought of that poor kid sitting on the curb struggling to breathe it turned me over inside. She hadn't told me about that, or about the other times, of which there must have been so many In the evenings when I came home and asked how things had gone, she had always assured me that everything was fine. True, she was not strong; she wanted to go to bed right after supper but the real truth about how desperately sick she was had never come through to me. I suppose I wasn't looking for it. She was my Alice, not a patient.

And although I should have paid enough attention to guess what was happening maybe she was right in her way This was thirty years before the development of open surgery on damaged human hearts. Nobody could have done anything for her — except maybe arrange matters so she didn t have to sit on curbstones.

Chapter Thirteen

The great majority of my patients were industrial cases, men injured at their employment. Those were the days when companies were really beginning to understand that their own interests and those of an injured employee were the same; that the sooner a man could be returned to his job, the less the company had to shell out in compensation and medical payments. They were becoming reconciled to the fact that good medical care, although it may seem expensive at first, more than pays for itself in the long run.

One of the most satisfactory professional relationships I had at this time came out of the realization of this truth by a gentleman named Dennis McGehee, who was an official of the O'Gara Coal Company at Harrisburg, down in Saline County near the southern tip of Illinois. The company's compensation bills for disabled men were running so high they couldn't make any money mining coal. They were taking a real beating every month at the hands of the union's attorneys when these cases were heard before the Industrial Commission.

I went down to Harrisburg and found a frightful condition. There was not a hospital worthy of the name, or a graduate of a Class A medical school, in the whole county The neglect of the injured was unbelievable. The worst cases of all were the men with fractured spines. They were simply put to bed at home with nobody to nurse them except their families, who had no idea how to do it. I found those men with bed

sores as big as your hat on their backs and buttocks, great sores on their heels, acute contractures of their ankles, knees and hips, and in many cases permanent paralysis that could have been avoided if they had had prompt and effective treatment right after the accident. The smell of most of them would drive a person off the block.

I told the company officers the circumstances under which I would try to help them. I said I would go down to the mines twice a month for two days at a time and examine all their injuries. If I found any that couldn't be treated properly in Harrisburg I was to have full authority at my own discretion, to take them to Chicago and treat them at Wesley Hospital. And when I reported to the company on a case, I was going to send a carbon copy of the report to the union's lawyers. I don't think any doctor had ever before given them any terms like those, but they agreed to them.

The upshot was that the injured men responded to the good treatment they got, and so did the union attorneys. The attitude which had been one of resentment against the company turned to one of cooperation. After a year or so, the company and the miners' union were both using me as their doctor on the witness stand in most cases. Everybody knew that although I was being paid by the company my testimony would be as accurate and fair as my information could make it.

For a number of years I spent two days every two weeks in Harrisburg. Once I had the worst conditions cleaned up, it became a rather enjoyable experience. I took the train in Chicago at six o'clock in the evening. They had an old Pullman sleeper full of plush and mahogany and mirrors, with an old porter who knew just how to make his passengers comfortable, and always turned up the upper berth over my lower so I would have plenty of air. I used to lie there and look out the open window at the moonlit landscape going by and it gave me a feeling of great comfort and stability. I don't know why but I have always loved to ride on a night train and look out at a moonlit countryside.

I have some pleasant memories of that trip Some funny things happened. One time I was sitting in the club car when two of my friends got on the train to go to Danville on a lawsuit case. The car was crowded. They had no place to sit and hardly any place to put their baggage. One of them was a doctor the other a claims agent for the steel company The claims agent stood in the middle of the car and said to the doctor "Joe, how s your little girl with the smallpox?"

Joe answered, "Well I think she is better but she is beginning to have those crusts all over her and I understand that that is the most contagious stage."

It wasn't two minutes until the car began to be vacated and there were plenty of seats for everybody I looked across the aisle at them where they sat with smug smiles on their faces and said, "You lousy crooks!"

Joe replied, "You gotta get a seat some way"

Arriving in the morning, I started seeing cases. I would spend that night at the Hotel Harrisburg which was clean and one of the best country hotels I have ever seen, with the best food. The Industrial Commission was very cooperative, and used to schedule its trials for the days when I was there. That was usually the second day of my visit, and after I had been going there a year or so and people got to know me, the attorney for the miners' union and his brother the claims agent for the O Gara people and two or three other congenial souls used to come down to the hotel to spend the evening playing penny ante poker with me. We never played very late because we knew we had to work in the morning but we had a good time, and one of the reasons was that these were Prohibition days and neighboring Pope County and the adjacent parts of Kentucky made the best moonshine in the world. Mix it with a little Coca-Cola and you had a great drink.

Harrisburg was a real country town. There was just one stretch of pavement along one side of Main Street, and when it rained everything was mud. The mines came clear into

town, and in every direction you saw the timbers of the mine houses. This was soft coal, and it was dirty and risky working down in those vertical shafts and lateral burrows deep under the earth with no light except the acetylene miner's lamp on the front of the cap. It was too risky for me. I couldn't have done it. I have always hated deep holes, dark and damp as those mines were. I never went down in one when I could help it, and the only reason I ever had to was to give the men first-aid instruction, down in the mine, under the conditions in which they would actually have to work in fixing up an injured man.

I was always happy in that country town. The level of education there might not have been very high, but these people came from good stock. Their ancestors had pioneered on the trip down the Ohio River and spread out in southern Illinois and northern Kentucky. They liked me and I liked them. Even in the trials, there was never any wrangling or unpleasantness. I often wonder why I didn't go to a country town instead of the city. I like country people.

Industrial work is a very tricky thing for a doctor not just because of the medical side of it, but because there's an awful lot of money at stake, and where there is money you'll find lawyers. Where there are lawyers, you'll always find some who are less than scrupulous, and who try to take advantage of the poor innocent doctor.

When a man claims compensation on the grounds that he is disabled, the only way to find out whether he really is disabled, and whether his disability was actually caused by the accident on which his claim is based, is to send him to a doctor for examination. My reputation for impartiality brought me a great many of these examinations, some sent by companies which wanted to know whether the claims were valid, others by lawyers who hoped to use my reports as evidence in lawsuits against the companies.

The usual charge for an examination and report of this kind

was ten dollars. I was getting so many of them that I thought I'd better slow things down a little, and raised my fee to twenty-five. Surprisingly most people seemed to pay it cheerfully

One lawyer who always paid my charge without complaint was a man with a following among laborers and people in the lower brackets of industrial employment. I was aware that he had a reputation for cooking up all the evidence he could to make his clients' injuries look a good deal bigger than they were. It was a little surprising to me that, although in four out of five cases he sent me I reported that the patient's claims were beyond all reason, he kept on sending them to me, and always paid his bills on the dot. At length I saw him on the street one day and asked him why he did this.

"Why Doctor," he said. "I can afford to pay you for five examinations to get one good report on which I can get a good big settlement without a trial."

"And what do you do with my negative reports?" I said.

"Why I just don't show those," he said, with the greatest air of frankness. "Why should I?"

"I'll tell you why" I said, "because if you keep that up I'll get a reputation of finding in your favor in every case I examine for you. Don't send me any more."

I started to walk away he followed begging and pleading; this was his way of settling cases, what did I care what he did with my reports as long as I was paid for them? And so forth and so forth.

"All right," I said, "if you'll tell me the name of the opposing lawyer in every one of these cases and let me send him a copy of my report, I'll examine for you."

"Oh, no, I can't do that," he said, "because then I'd never be able to settle most of them at all."

"Then get out of my sight," I said, "and don't come back."

That was the end of him as far as I was concerned, but there was another lawyer who took even worse advantage of

me. One day a friend of mine who was chief counsel for Western Electric Company called me up and asked if I had examined a certain case for this lawyer I said I had.

"Did you know that that man was injured in the same way four years ago, and we settled with him for forty five hundred dollars?"

"I knew that," I said, "and what's more, Dr Hollis Potter took the original X rays, and I had him do the X-rays this time too They are exactly the same. My report stated that there is no evidence of new injury and that this man's disabilities are not the result of the alleged accident he is now claiming on. I'll get it and read it to you."

I read it, and he said, "That isn't what your report on your own letterhead says, Paul."

So then he read me the report the company had received from this lawyer It was totally different in style and content from what I had written about the case.

"That's my letterhead?" I said.

"Yes, Paul."

"But it isn't signed by me."

"No. Your name is signed by typewriter"

It turned out that this lawyer had somehow got hold of some of my letterheads, or had them duplicated, and had typed out on one of them the four-year-old report of the doctor who had originally examined the patient.

I immediately wrote a letter to every company whose men I had examined for this lawyer asking them not to accept any report on my stationery unless it checked word for word with the copy of my report in my office. The chief claims attorney for the Northwestern Railroad called me up the next day

"Doctor" he said, "I am just delighted to get this letter of yours this morning I knew your father in Minneapolis and consider him one of the finest men I have ever known, and I thought his son had come down here to Chicago and fallen among thieves." Then he read me two reports he had received from this same lawyer on my stationery both of them forgeries.

He had hardly hung up when I had a call from my friend John Black. He, too, had received a report on my letterhead which had caused him to question either my honesty or my sanity. In this instance the report, as far as it went, was in my wording and tallied exactly with what I had written. I had described a woman in awfully bad shape; but in my last paragraph I had written that her troubles were not connected with any injury but were the result of poliomyelitis in childhood, curvature of the spine and a shortened leg. The lawyer had simply left that paragraph off the report.

I did everything I could to get that lawyer disbarred. I came away with some pretty serious doubts about the legal profession. Here we had absolute documentary proof that the fellow had faked a number of reports on my letterhead in order to collect money fraudulently and I had no redress whatever. He was never disbarred. Well, so it goes!

There was one thing about these industrial cases that was never out of my mind. The sole asset most of these injured people had was their ability to hold a job. It was not enough to cure the immediate thing that was bothering them. If at the end of their treatment, they were still unfit to go back to work, they and their families would be destitute.

The idea of rehabilitation as an integral part of medicine had been growing on me for a long time, in fact ever since Mrs. Willard had told me about her work in Philadelphia. In my stockyards days I had employed a young Swedish masseur to give my patients exercises in bed and in their wheel chairs during convalescence, and had found that this often speeded up recovery. It seemed to me, though, that there was more to it than this. In many cases, men who had been in the hospital a long time had slipped completely out of the routines of living. They did not know what they could do and what they could not do. They were afraid to go back to the world. It was not enough just to rehabilitate the injured arm or leg or back. The whole man needed rehabilitation.

But how? The medical profession knew very little about

this kind of thing There was no systematic body of knowledge. Serious research was nonexistent. Many of the hospitals had what were called bath departments, consisting of showers and sprays for hydrotherapy of a sort, usually administered by an orderly who did not know what he was doing As far as beneficial treatment was concerned, I thought they rated a good big goose-egg The one at Wesley hadn t been used for years.

I decided that what we needed at Wesley was a department devoted to nothing but postoperative physical therapy to work at it, study it and develop it. It would be the first physical therapy department in Chicago And that was the trouble—I couldn t arouse any enthusiasm for something that was so new and bound to be so expensive.

So I started my own physical therapy department, for my own patients. I got the hospital to let me take over its idle "bath department"; then I had the good luck to find a returned Army nurse named Gertrude Beard who was willing to come into Wesley and start the program I had in mind. She had nothing to work with except the old marble baths and a little dressing room beside them. I told her what I wanted her to do She gave exercises and massage, induced patients to move joints that had become painful from disuse, taught fracture cases how to exercise their muscles inside their casts and instructed people who had permanent disabilities in the best use of what they had left. I paid her a stipulated sum each month out of my own pocket. Pretty soon other doctors began to notice that my cases were recovering from disabilities much sooner than expected, and began to send their patients to Miss Beard, too. The load got to be more than one person could handle, so these other doctors chipped in, and we took on an assistant.

Eventually the department began to make money and the hospital came around and asked me about taking it over—exactly what I had wanted from the beginning! I gave it to them with the single understanding that they would equip it

properly and keep it equipped and up to date, which they did most faithfully and successfully

One thing more was very much needed — a doctor who would make rehabilitation and physical therapy his main concern, developing it by theory and practice as other aspects of medicine were being developed. During the war I had seen a good deal of a man named J Stanley Coulter, who had been in the medical class behind mine at the University of Pennsylvania, and had taken a strong liking to him and his thinking. He had been an Army doctor all his professional life and was very proficient in many things, as one had to be in the Army Medical Corps. He had a degree in tropical medicine as well as service in medicine and surgery at various Army hospitals. We were together in the Surgeon General's office. When I returned to private practice I told him I thought he ought to get out too, because the military was too circumscribed for a fellow of his talents.

A year or two after that, I got a letter from him in which he said that he had decided to resign his commission, and I wrote back that if he would come out to me, I would take him on as an assistant, pay him a salary and eventually turn all my industrial work over to him. He accepted this offer Right from the first he displayed a deep interest in what Miss Beard was accomplishing and a distinct flair for the psychological and physiological aspects of that work, while at the same time it was becoming clear that surgery as such, was not his best field — he didn't really like it anyhow So we arranged for him to concentrate on the therapy program, and that was the beginning of the science of physical medicine in this country Stanley Coulter established the specialty laid the groundwork of rehabilitation as we know it today and, at Northwestern, became this country's first professor of physical medicine. Nobody can begin to count the number of people who are capable of living normal lives because of him and the work he entered into at Wesley Hospital during the 1920's.

All this time there was Alice back in that apartment, alone

except for the maid and little Paul when he was not at school. This was doubly tragic, to my mind, because the Alice who had helped me find my office on Halsted Street, who had been so patient with my irritability and intense concentration on work who had uncomplainingly shared those two rooms at Ellis Island with me, would have enjoyed taking an active part in things now She just didn't have the strength.

I used to bring Lola Winters home with me to the apartment in the evenings and dictate to her in our living room, so Alice could get a sense of participation. She would come and lie on the sofa in her dressing gown, propped against two pillows, while we worked. I think it helped her spirits a little.

Thank goodness, she could still go riding in the car. I honestly believe, of all the medicines she got, our Sunday drives together were the most beneficial. She loved the country especially north of Chicago the trees, the fields, the broad glimpses of the lake, the fine houses and their gardens. Those drives did all the more for her because our bedroom in our apartment, where she had to spend such a lot of her time, was so dark we had to keep a light burning all day The time came when I decided we were going to do something about that.

The chance came pretty soon. On one of our Sunday excursions, we were driving slowly up the North Shore through a pleasant suburb called Hubbard Woods when Alice put her hand on my arm. I stopped the car Over on our left, on the side of the road away from the Lake, was a piece of property that caught my fancy immediately The house was small, but the land had a nice slope to it, there was a big willow tree on the front of it and in back stood the largest maple tree I have seen outside of New England.

"It's pretty isn t it?" I said.

"Terribly pretty" she said. "It could be fixed up to be beautiful."

I took note of the address and during the week made some inquiries in town. The following Sunday I drove Alice out there again.

"Would you like to buy this place?" I said. "I've found out it's for sale."

"We can't afford it," she said.

"I know we can't," I said, "but we're going to buy it."

The next day after my office hours I went out to the Stock yards Bank, where I knew people, and they made me about twice as much of a loan as they ordinarily would have. I think the officers of the bank had a somewhat proprietary feeling towards me, whom they had known as a young doctor just starting practice, when my office consisted of two rooms over the corner saloon, and maybe they felt they had had a hand in helping me get started, which they had.

I went after that place the same way I went after my work. It was going to be the best of its kind, and no delay about it.

We got a good architect — it did no harm that he was the son-in-law of one of the officers of the bank — and he drew up some plans which Alice and I went over at night, with a good deal of feeling of having arrived. The house on the place was a little five room affair. We built on a large living room with fireplace, and beyond it a large bed-sitting room, with a dressing room and bath off it, for Alice, and from this a door led out to a flagstone terrace with a very pleasant view down the slope towards the lake front. We were certainly glad to move into that home. Now Alice could get around and go out doors on the terrace in her wheel chair without any effort at all, and she could even make it down to the lower part of the lawn by wheeling herself around the house and past the sun porch. On the level stretches she could walk a little, and I remember her there, a slight figure in a pale blue summer dress and saddle shoes, moving slowly about, stopping every now and then to breathe deeply. She loved that place.

We did quite a bit of landscaping. The fact that the ground sloped gently was very helpful. We put in two small concrete pools, one above the other, with water dripping from the upper one to the lower one, which made a nice cool-sounding tinkle with very little water. Alongside this arrangement we planted

a willow tree and a Bechtel crabapple, both of which grew extremely well.

When the house was finished, there was no money left to build a garage. Just at that point a woman came into my office needing a rather extensive operation, and it turned out that her husband was a carpenter-contractor

So I put it up to him. "Maybe we can exchange services, I said. "I have to have a garage, and you have to have an operation on your wife. I can't do one and you can t do the other But I'll go you one better I can t let you help me operate on your wife, but I'll help you build my garage."

That pleased and amused him, and we made the deal right then and there. It couldn t have worked more perfectly Every weekend, he came out and we went to it. I am not sure the neighbors appreciated it so much, because we used to get going with our hammers at eight o clock Sunday morning and often my friends came to help so there was usually a good deal of laughing and talking besides. We wound up with a fine garage with a chauffeur's quarters over it. I had no assurance that we were going to have a chauffeur, but I was set on preparing for one.

In the meantime, I had what I considered a wonderful boost from another patient, the son of a man who had made a lot of money by owning property with rich gravel pits on it. He had damaged his feet very badly by falling from a crane, and I was taking care of him, in the intervals between his romances with the nurses at Wesley who regarded this wealthy bachelor of thirty or so as a prize. When I told him, as of course I told everybody that I was building a house, he said, "When you get ready I'll send you out some gravel for your driveway" I thought this was wonderful, and said I wanted roofing gravel, which seemed to me the finest and the best. He looked at me rather strangely but I never gave him a chance to explain any of the facts about roofing gravel, one of which is that it does not bind with soil or clay or in fact

with anything except tar. A few days afterwards, they called me up from the railroad station and notified me that they had a carload of gravel there for me, and I had better get somebody to come and haul it away, which I did. I had them dump it in the driveway and after that there wasn't any way to get in or out without being buried to the hubcaps in roofing gravel, because in dry weather it behaved like rather large-grained sand, and when it rained it just made a mess with the clay soil. I had to pay somebody to dig all that stuff out and put it somewhere else while we put crushed limerock in and then laid the gravel back on top and poured tar over it.

Another friend, an officer of one of the packing companies, helped me in another of my projects at the house, which was to have a fine lawn of nice green grass. "Don't waste any money on having black dirt hauled in," he said, "it's sour stuff that they dig out of a swamp. I'll send you out some dried cow manure, and you have that spaded into your topsoil and you'll have some grass."

That seemed just fine until his present showed up — two tons of dried cow manure, which was more of that substance than I had ever seen in one place before. Having nowhere to put it, I had it stacked against the willow tree. It burned all the bark of that side of the tree, and eventually it cost me more to save the tree than it would have to buy the cow manure in the first place. But we did wind up with the best lawn in those parts, wonderful grass that brought the neighbors to find out what we had done to get such amazing results, and made me a Sunday morning expert in lawn making.

Somehow we managed to survive my patients' generosity and my own impetuosity in having their gifts hauled over and dumped on our place before finding out how to use them. But that is my nature. In everything except medicine, in which I am careful and methodical, I am all afire to get going and get going fast, and it has cost me a lot of money to learn some things by experience, as it does most people.

We furnished the house bit by bit as we got money to do it with. I used to drive Alice around to nearby stores, where we would select a piece of furniture or a rug from time to time, and she got a seamstress to make her draperies, which I thought were very beautiful because they had a lot of blue in them, and, as Alice well knew, that is the color I enjoy. The next year we put in an oil burner, which was quite an innovation in those days, and a great luxury after the coal furnaces we had had before. All of this, this building and planning and shopping and buying that went into the creation of the very house we would have selected if we had had completely free choice of anything in the world, was a source of happiness to both of us.

Our second summer in Hubbard Woods, we decided that the grounds needed something entirely different from anything we had ever seen elsewhere. Alice in her wheel chair and I had plenty of area to wander around, and as we did we kept thinking of ways to improve the landscaping. The lawn sloped quite steeply from the corner of the house to the corner of the lot where it touched the street, and we decided that if this slope were treated right, it would look as though the house had been built on a ledge of rock that jutted through the soil, and that this would be very interesting in that region where there is almost no rock at all. I had a friend in northern Wisconsin who got a trucker to pick some water washed limestone out of an old creek bed up there and bring it down to us. Then I went to work with one laborer under Alice's supervision, to set that limestone into the slope so that it looked like a natural ledge of rock outcropping with pockets of loam in the crevices. It was not like ordinary rock gardens, which betray the fact that they have been put there. We planted annuals in the pockets, and in spring and summer it was unusual and beautiful enough so that sometimes on Sunday afternoons half a dozen cars would be parked on the street, mostly full of children, while Mama showed Papa just how she wanted their yard fixed up. And finally *House and Garden* magazine

published an illustrated article on it. When their editor asked what landscape architect we had employed, for the credit line on the page, I remember the pride with which I pointed to Alice.

"There's our landscape architect," I said. "Only I didn t employ her I married her"

During this time I was driving into town and back every day on roads that were pretty crowded, and they were mostly two-way roads on which one stubbornly slow driver could hold up a hundred cars behind him indefinitely but it was worth it to be living in the country and to have Alice in a place where she could get out and enjoy a little bit of freedom. It was good for Paul, Jr., too, although he made certain strenuous efforts to get himself killed. He was enrolled at Perry Dunlap Smith s North Shore Country Day School in Winnetka, one of the finest in the country But the school could not keep him in charge all day every day always. Most of the scrapes he got into I did not hear about until they were all over because Alice, typically of her did not want to impose them on me and make my homecoming a time of wrathful retribution for Paul.

My affairs were continuing to prosper and the chauffeur's quarters I had so optimistically built over the garage were soon occupied by a man named Fennel Johnson, who was about the size and build of his namesake Jack Johnson. Fennel Johnson not only worked for us, he adopted us. We were his family we belonged to him. And he decided it was time that Paul, who was then about fourteen, learned to drive the car By this time I had a Packard Twin Six. Those who lived in that era will remember what a huge ark that was, and Paul was still a fairly small boy not yet having started to shoot up to his full growth. He began by sitting on Johnson's knees and steering and eventually piled the driver s seat with cushions so he could just barely see over the dashboard by peering through the wheel, and in this way he drove all around town, several times taking the car to school and inviting his cronies on a joy ride. The first I knew of it was when I began getting

telephone calls from indignant mothers whom I did not know to tell me they would have to insist that my boy stop driving their children in our car. That ended that.

So Paul turned his talents to another pursuit—manufacturing explosives. After one or two hair-raising experiences, or eyebrow-singeing ones, to be exact, he and his best friend and co-chemist took an empty oil drum and put in it about two pounds of the kind of carbide compound we used to use in automobile and bicycle headlights. When one mixes it with water it gives off a highly inflammable gas. They installed a dynamite fuse in the barrel, pushed a hose through the opening and ran water in, and when that drum was completely full of gas, they lit the fuse and ran as fast as they could. The detonation really rocked that neighborhood, but luckily although the drum was completely destroyed, nobody was hurt. The chief of police did not take long to find out who was responsible. He was a very understanding man, exceptionally smooth in his handling of the boys in the community. All he said to them was that there didn't seem to be any proof as to where the explosion had come from, but if there was another one, he was entirely certain there would be some trouble about it. Meanwhile, if they found out what had caused this one, they were to be sure to let him know. The boys all respected Chief Peterson and admired him, and the result was that Paul and his young friend were so grateful for not being sent to reform school that they devoted their energies to less perilous kinds of mischief, none of which, I am happy to say, was ever malicious.

The trouble was that I never got enough time with that boy. The loss was mine, not his. One of the things I sacrificed to my overwhelming urge to make my way to the top in medicine was the normal pleasure of being a parent. Sometimes, after a lot of arranging of my affairs at the hospital and the office, I was able to take Paul duck hunting at the Crane Lake Gun Club down on the Illinois River. We would take the night train down on Friday, and there would be a car there

to meet us before dawn. By sunrise, there we'd be, shivering in the blind waiting for the first birds to appear.

And then, just as we were getting in some good sport, and the blacks and teal were wheeling in to our decoys, and maybe we had a few in the sack, we'd see the man who took care of the place heading our way with a woebegone look on his face. It was always the same old story: a long distance call from the city to tell me there was an emergency case and I'd better hurry back.

Even when I wasn't at work, even when we were fixing up the place at Hubbard Woods, my real thoughts were always on the medical problems that were concerning me at the time. In between operations, in between patients, in between everything, there was always something going through my mind. I was always trying to see if something different couldn't be done with a case, or whether an instrument couldn't be designed that would make it easier to do some particular operation with less injury to the parts. I used to wake up in the middle of the night with ideas, and sometimes they were all perfectly worked out in my sleep. In this way I modified and improved my bone-saw, my drills, my ivory plates and screws, and developed quite a few operations that have been widely accepted. All I can say is, it wasn't a comfortable way to be.

Chapter Fourteen

Now Alice developed a new trouble, not directly connected with her heart condition. She had been having some pain in her right leg; it turned into a very severe sciatica, accompanied by considerable paralysis. Examination showed that she had a tumor which was pressing on the sciatic complex. It got so bad that she was unable to sleep, and with all her fortitude, had to confess that she could not stand the agony any longer. After due consideration by some of the best men in Chicago, we decided we would have to take a chance on having an operation.

We drove to town and checked her into the hospital the day before the operation. Late in the afternoon when I was through with my work, I went to her room.

"I have an idea," she said, "Let's go downtown to dinner tonight."

We went to the old Congress Hotel and dined in the big corner room where they had music and things were gay. I still remember what we had — white meat of chicken diced in cream, and it was good. We talked as though nothing serious were going to happen to us. When I took her back to the hospital, kissed her goodnight and left her in the room, I had to swallow hard. She acted as though she were going to a party to a great and wonderful party and had to cheer me up because I was not invited.

Early the next morning I was there to see her into the

operating room. Dr Schroeder was doing the operation. I had asked my friend and colleague, Dr William Shackleton, who had been Dr Schroeder's assistant and whom I considered the most capable anesthetist of that time, to give the anesthetic. He is a huge man, well over six feet in height and very broad. There were no specialized anesthetists in those days, but Shackleton had more experience at this than anybody else at Wesley Hospital and possessed an uncanny ability to handle ether and gas — Alice, on account of her heart, could not have much of the latter. She went on the table smiling I can never forget the delicacy with which that big Shackleton handled the ether and oxygen, how gently really *lovingly* he eased her under without a single choke or cough.

The tumor proved to be very large and tightly impacted over the inside of the hipbone, so that it was extremely difficult to remove, even for such a skillful and rapid operator as Schroeder. I beat a path back and forth across the room and up the hall and back, going into the operating room and taking Alice's pulse countless times. Shackleton always nodded and smiled that everything was going all right; and so it was, as far as her heart and breathing were concerned.

It was a terrifying operation, but Schroeder succeeded in getting the tumor out. She had no more of that dreadful sciatic pain. After a stormy convalescence, mainly owing to her heart condition, we hoped she might be all right. Then the thing happened that one always has to fear in such extensive surgery· Infection set in. It worked its way up to her kidneys and became chronic. We had not been home at Hubbard Woods many weeks when arthritis, resulting from the infection, began to appear in her hands, elbows and shoulders. Eventually she was unable to raise her hand to her face, comb her hair even wipe her lips.

And yet, in spite of her suffering, she did all the planning for the house and the meals. She ran that place with the utmost thoroughness, and always gently The people who worked for us made themselves her voluntary slaves. We were very fortu-

nate in her nurse, Miss Ruby Tuft, who brought intelligence experience and compassion to her work, and in having such a man as big Fennel Johnson. When she would become desperate to get out and see something beyond the confines of the house Ruby would put some clothing over her nightgown and Johnson would come in and lift her out of bed, carrying her in the crook of one arm, set her down crosswise on a heap of pillows in the back of the Packard, fixing the pillows around her himself — he would never let Ruby do it — and drive her wherever she wanted to go with the most extraordinary care. It made no difference to him if he had traffic held up for six blocks behind him, he wouldn't give "the Madam" a jolt.

It was Ruby Tuft, incidentally who finally solved our problem of finding an assistant for Gertrude Beard in our physical therapy work at the hospital, and some years later when Miss Beard went to Northwestern University Medical School, Miss Tuft took her place. She headed the physical therapy department at Wesley and later at Passavant Hospital until her retirement in 1954. I don't know what the medical profession would do without such women as Gertrude Beard and Ruby Tuft.

Truly in those days I was like a man leading two lives, my professional life and my life at home. In the former I was amazingly lucky everything in the latter was shadowed by Alice's illness. The two lives seldom crossed. Once, when they did, I was very grateful for it.

It was a balmy summer evening and while Alice tried to go to sleep, which was very hard for her because of the arthritis, I was sitting in my pajamas, reading That was the way we spent many of our evenings Alice used to say it was a comfort to her to have me nearby All of a sudden, on this occasion, there was a loud rapping on the front door I went, and there was the baby's nurse from the house next door in an acute state of excitement.

"Doctor come quick!" she said. "Something dreadful has happened to the baby!"

I pulled my breeches over my pajama trousers, and ran next

door and up to the nursery The baby was lying in his crib in his birthday suit, and apparently not having too much trouble at the moment, because he was not crying but I saw immediately that his left leg between the hip and the knee was lying at a very peculiar angle. The fore part of the leg lay diagonally across the other leg but the upper part of the thigh was pointed straight towards the foot of the crib. This is the typical angle of displacement of a fracture of the femur the fact that the baby was not crying simply meant that the broken ends of the bone were not close enough together to rub on each other and cause pain.

I instructed the nurse to call the mother and father home from their dinner party and leave the baby as he was. I knew that, like every other animal that is hurt, he would lie quietly because he did not want to be hurt any more, and movement gave him pain. Animals always have sense enough to do this. I have seen them in laboratories many times, saving every motion to prevent strain or added injury to an already injured part.

Of course I could have phoned for an ambulance and taken that baby to a hospital, but one of the bone axioms in the treatment of fractures is "Splint em where they lie!" and besides I didn't see any point in taking a nine-month-old infant away from his mother's and father's house when I could probably fix him up satisfactorily in his own crib in his own comfortable, secure nursery

I did not need an X ray to tell me anything I didn't know about his leg When we did have a picture made with a portable machine the next day it showed a spiral fracture, and explained exactly how the child had been hurt. The nurse had been changing his diaper holding his ankles between her fingers and thumb as nurses and mothers have been doing since the beginnings of time, to lift his bottom off the bed pad. The baby had kicked his right leg loose and while the nurse held on to the other one, had given a strong twist to the right, which was sufficient to break the bone. He was a husky baby

Right now I needed some means of putting that little leg in traction. I had to have some sort of overhead framework so that I could take a rope and attach one end of it to his ankle, then hang a weight on the other end of the rope and have it pull the leg straight up towards the ceiling

I returned to our house, told Alice what had happened, and went out to our garage, where I found what I wanted for the overhead frame- our clothesline prop seven feet long Being square in cross-section, it wouldn't rock on the frame of the crib. Nearby I located a coil of clothesline, and cut off ten or twelve feet of it, which I am sure didn t make me popular with the maid the next time she did the wash. Now I needed two pulleys to complete the apparatus. I couldn't find anything of the sort.

I went back to the bedroom and asked Alice if she knew where there might be any pulleys around the house.

"No, I'm afraid we haven't any" she said. "Just how did you intend to use them?"

I explained that I would place the clothes pole over the crib lengthwise, lashing it to the tops of the head and foot rails. Then I would put one pulley at the middle of it, right over the baby's hip, and the other down at the end. This would enable me to run the line from the baby s foot straight up through the first pulley and along to the second, where I would hang the weight. It was necessary to have pulleys so the rope would run smoothly keeping the traction even.

"If we can t find any" I concluded, "I guess we'll have to take him to the hospital after all."

"Suppose you had two small rollers instead of pulleys?" Alice said.

"They'd be fine."

"Why don't you take a couple of spools from my sewing table there?" she said. "Wouldn t they do?"

"They certainly would," I said, "and that's an awfully damn good idea!"

I took two good-sized spools, not the little fat ones that

silk thread comes on, but longer ones with real flanges on the ends, and ran back to the other house. By this time the baby's parents were home. I had his father drill a hole in the middle of a small piece of board, which I attached to the baby's foot with adhesive tape put on so that the effect was rather like a stirrup: this way the circulation would not be cut off. We tied a knot in one end of the clothesline and pulled it through the hole in the little board. Then we attached the two spools to the pole with long thin screws, put in at an angle so that, if the rope ever slipped, it would slip inward towards the pole. We lashed the pole in place and ran the line over the spools. They worked perfectly. All we needed now was just enough weight on the end of the line to lift the baby's hips off the bed-pad. I had the baby's mother empty a bag of salt. We hung the bag on the line and poured in sand from the children's sand box outdoors until the traction was exactly what we wanted. We did all this without anesthetic of any kind, but it evidently didn't hurt the baby because he never even yipped.

It took that little femur only four weeks to heal, compared to the ten to twenty-six required in an adult. The patient is a good friend of mine now, just as husky a man as he was a baby, and without the slightest difference in the length of his legs. I never run into him without thinking of that night when I improvised the infant-sized traction apparatus — and Alice's wooden spool pulleys saved the situation.

There was another case that reached into both parts of my life, but this was downright unpleasant from any standpoint. It came just when Alice was at her worst in health. It brought me some publicity which I didn't want, created a lot of annoyance for both Alice and me, and left me with a very sour taste in my mouth about the morality of some people in official positions in this democracy of ours.

The case was that of a girl who had gone to a so-called beauty specialist or plastic surgeon — that's what he pretended to be, anyway — to have an operation for what she thought were bowlegs. As a matter of fact, she didn't have any curva

ture of the bones of her legs below the knee she simply had more fat on the outer sides of her legs than on the inner sides, which made her think she was bowlegged. This scoundrel didn't disabuse her of her mistaken ideas. He took her to the Osteopathic Hospital in Chicago and operated on her He had one of the bone saws I had designed, and used it to cut the bones straight across, at about the midpoint of her shins. My bone saw was never meant to cut bones crossways: it was for cutting bones lengthwise, taking out bone grafts and the like. But what he did was to cut right down through the tibia and fibula of each leg and in doing so he severed the blood vessels and nerves below the knee, with the result that the girl got gangrene of both legs.

When those people found out they were in trouble, they called in a doctor friend of mine who brought the girl to Wesley Hospital. She was *in extremis* when I saw her and the only way to save her life was to amputate both legs above the knee. There wasn t room above the gangrene for a stump below the knee. This was one of the few cases in which I used spinal anesthesia. I was very glad that I had done many amputations before, because those two legs were amputated and closed up in fifty minutes, and the patient couldn't have stood very much more.

The newspapers heard about this and made a big story of it. The city desks started calling me up morning noon and night for bulletins on the girl's condition. The morning papers telephoned in the middle of the night and the evening papers before breakfast in the morning I never minded being called out for an emergency but this was just to make a Roman holiday out of a very sick young woman, and I hated to have that damned telephone ring when Alice had just managed to fall asleep. I couldn't shut a newspaper reporter off though, or the story he wrote might have been so confused that people wouldn't have known which fellow was responsible for the patient getting gangrene and which fellow had done the amputations.

As luck would have it, the unwanted publicity I got on this case wasn't unfavorable, and Sadie didn't die. She sued the so-called surgeon, of course, and we initiated proceedings before the State Licensing Board to have this quack's license revoked. It was revoked after it was shown that the man had a criminal record in the East and had been in prison there. How had he obtained a license in Illinois? I think he had been able to buy one.

It took us days and days to get all the evidence against this fellow and present it. And then, two or three years later by some kind of clever or crooked maneuvers, his lawyers got his license reinstated, and there was all our work blown up in a moment. I don't know where he practiced after that, or whether he practiced at all, but I do know the news of his reinstatement made me feel sick, almost as sick as I felt when I first saw his unfortunate victim and the terrible thing he had done to her

By this point in my career I think I had pretty well mastered the essentials of general surgery and that means the essentials of any kind of surgery This is an important thing to remember: that a man sufficiently well versed in general surgical technics can surmount almost any surgical difficulty whether he is dealing with a lung a heart, a brain, a gland, the skin or a joint. The real surgical principles apply to all types of tissues. Bone, muscle, skin, cerebral tissue, they all have circulation, nerves and viability — the capacity of the cells to survive the injury caused by the surgical procedures themselves. Those procedures can be deeply traumatic in the hands of a tyro, or so gentle as to be scarcely injurious at all in the hands of an understanding surgeon. All kinds of wounds must be dry and free of blood clots, which are beautiful nests for infection and which hold the edges of a wound open and delay healing A roughly used retractor damages tissues just as much as a punch in the eye does. The surgeon must know how to use radical procedures safely and perform work finer and more delicate than anything a skilled watchmaker does. A surgeon's business

in the operating room, in other words, is not some one special limited kind of surgery It is Surgery Of course he also must have the confidence to apply what he knows.

I never saw a better example of what I have just written than the case of a young man named Ray Canopy who was brought to my service as an aftermath of a tragic starch explosion at the big Corn Products Company plant at Pekin, south of Peoria.

Nobody who was at Wesley that hot summer afternoon ever forgot it. The injured from the explosion were brought to Chicago on the train, and the ambulances ran a sort of shuttle service between the railroad station and the hospitals. We had burn cases coming in faster than we could handle them properly A starch explosion is one of the worst. The rooms are filled with minute floating particles which, when they catch fire, completely charge the air with flame. In that intense heat, even though it lasts only a brief moment, the burns go deep.

Ray Canopy a young man of twenty-two, has apparently thrown his hands up in front of his face at the first flash, because his mouth and nose had been somewhat spared, but he had caught the full force of the blast on his hands, and on his eyes. His fingers were charred black, and all the skin on the backs of his hands and wrists was burned clear through to the tendons. The end joint and part of the second joint of one thumb were completely burned off. The end joint of the other thumb was also gone, but the second joint remained. He had almost no eyelids left. He could not close his eyes. We had nurses assigned twenty four hours a day to keep salt solution dropping into them, so the corneas would not become dried. If they had, his sight would have been lost.

I started on the hands, removed all the skin from the backs of them, and amputated the burned ends of the fingers down to where there was bleeding On most of his fingers, that was the middle joint.

Then, with quite a little help from an excellent plastic surgeon on our staff, I made a horizontal slit on each side of Ray's

abdomen and ran his hands in between the abdominal muscles and the skin, then sewed the skin to the healthy skin above the burned areas on his wrists. In other words, his hands had been slipped into pockets made in the skin of the belly like the pockets of an apron, and just about at that angle. He was immobilized so he could not move his hands and arms in the skin pockets, because any movement shears off the little blood vessels which are growing into the burned area from the abdominal skin.

After a week or so, when the flaps of skin gave evidence of having become adherent to the backs of the hands, I started to cut them loose, beginning at the corners of the apron pockets, and this entailed a series of minor operations over two or three weeks, the patient's hands and arms being completely immobilized during this entire time. Finally when his hands were free, I slit the new abdominal skin over them between the fingers, wrapped the skin around each finger and sewed it in place. Ray was lucky all of this had worked without a hitch. We took a very thin layer of skin (the epithelium) from his chest and laid it like a piece of cellophane over the denuded section of his abdomen, leaving it fairly patchy looking, but we thought this was a blemish he could live with. We had saved his hands.

The surgery up to this point had not been especially difficult, but now for his eyes. While I was doing his hands, his eyelids, or what was left of them, had been healing with scar tissue, which had reached the stage of contracting into hard fibrous tissue, unyielding and unstretchable. Fortunately the fire had not reached Ray's eyes themselves. They had been under constant care, and tests had shown that his sight was still all right. What I thought gave us a chance was that he still had some of the thin, delicate muscle that activates the closing and opening of the lids; and the mucous membranes, the conjunctiva, which cover the eyeballs inside the lids, were still there. Perhaps it would be possible to graft two new eyelids on him.

I put it up to several members of our staff who I knew

were much better equipped by training and experience for this sort of undertaking than I. One of them was an ophthalmologist of great note, another was the plastic surgeon who had helped me on Ray's hands. They looked at the boy and begged me to abandon any thought of such an operation. They said there was nothing to anchor the graft to it wouldn't take, and where were we to get the right kind of skin to make new eyelids for the boy?

"Gentlemen," I said "do I understand that neither of you is willing to try this operation himself?"

They said that was the case, nothing could be done, the boy was going to lose his sight, and that was that.

I thanked each of them very kindly and went back to look at Ray again. It was a question of doing something for this boy who had been a perfect model of patience and fortitude throughout the tiresome business of grafting skin on his hands, or letting him go blind. I had no intention of letting him go blind.

I remembered that the famous Dr de Schweinitz, whom I had seen perform a number of eye operations at the University of Pennsylvania Hospital, had used a thing to slip in between the eyeball and the lid that looked something like a shoehorn. My ignorance of this kind of operation can be judged from the fact that I did not even know the name of this shoehorn effect. I went to an instrument-maker and described what I wanted. He had one. Before buying it, I tried it on my own eyeball — outside the lid of course — and found that it seemed to fit the curve of the eyeball closely and comfortably Then I went back to the hospital and tried to think how we were going to get workable eyelids on this boy

It would have to be by means of a flap graft, and it would have to come from his arm, which could be fixed in place over his eye while the tissues were growing together This meant cutting a tongue-shaped piece of soft fine skin off the flexor or inside surface of the forearm, of course leaving the base of it attached to the arm, and doubling back the tip in a U so

that the under surface of the new skin could be sewed around the edge of the lid and held there until it healed, after which it could be cut off. This boy had a little more fat on him than most young men of his age, and I found that the skin on the inside of his forearm was nice and smooth and white, with not too much hair on it. After pinching and pulling it to see whether it was soft and pliable, I decided that this was where I was going to take my graft.

So I scheduled the operation with, I must admit, a good deal of fear and trembling bolstering myself with the memory of what Dr. Josh Sweet had taught me in medical school about fine surgery But this was going to involve even finer work. I prepared myself with a good many hours of study of eyelids, and had taken the step of getting Dr Sweet to send me some of the extra-fine needles he made himself and some of his split silk thread.

I started on Ray's right eye. The first part of the job was to dissect away the scar tissue from the eyebrow down to the edge of the lid. It was no thicker than an ordinary piece of paper and just as friable as could be. It had to be held with the finest tissue forceps, and yet it was remarkably tough when it came to cutting it. Between this layer of scar tissue and Ray's eyeball, there was not more than 1/64 of an inch of the muscles that controlled the eyelid and the very thin membrane lining the lid. It was like splitting paper I finally accomplished this with a very small sharp scalpel, and very careful dissection, and we got the surface so it was dry and not bleeding.

Then I cut my flap on his arm. I remember puzzling about how much of a flap to take, and how to shape it so as to cover the burned area from his eyebrow to his lid. At length we lowered the arm to Ray's forehead and laid the flap on and it seemed all right. At the point where the flap passed over the eyebrow we stitched it in place. This was not too hard. Where the tough surgery came in was in attaching the free end of the tongue of skin to the lower edge of the eyelid, which of course was now denuded down to the muscle.

There is a little triangular cartilage along the bottom edge of the eyelid, which stiffens it and allows it to move up and down like a windowshade over the eye. It is an extremely delicate affair and if anyone had ever tried to sew anything to it before, I hadn't heard of it. That was what I was going to attempt, and the whole success of the operation depended on it. With the aid of Dr Sweet's needles and thread and the most painstaking effort I managed to do it without splitting the cartilage.

Ray's head and arm were placed in a plaster cast where they stayed for three weeks, in a frightfully uncomfortable position, but nobody ever heard a word of complaint out of him. Then the second operation, on his left eye, had to be done and the whole thing gone through again. But he got two good eyelids that worked, even though they were a little fuzzy because of the hair that normally grew on his arm.

One day six weeks or so after the second one was finished and the scars were well healed, and I was pretty proud of him and myself I came into the ward and looked at him and said, "What's happened to you, Ray?"

"I've been out, Doctor"

"I know you've been out. But you've done something to yourself you look different and I can't tell what it is."

"Well, can't you see I've got eyebrows and eyelashes?" he said.

I looked at him closely and sure enough, he did. He had had all the hair on his eyelids themselves removed by electrolytic needle, leaving some at the top to make nice looking eyebrows and enough at the bottom for a reasonably good imitation of eyelashes. The only trouble was that he had too much fat under his grafted eyelids, and they looked pretty puffy But I couldn't have planned it any better if I had tried, because there had been just enough fat to keep the electric needle from burning the eyeballs.

After several weeks more, when his hands had begun to heal, I grafted a length of bone from his tibia into the base of his

thumb and made a tube graft of skin over it, so that he had a thumb on each hand that he could use; the joint at the bottom of the thumb served for motion. Finally thinking we might as well go all the way I asked him, "Do you want to have some of that fat taken out from under your eyelids?"

"Do you think that would help?" he said.

"It would make you look a lot better"

"Why don't we try it on one eye and see how it works?" he said

I simply made a slit in the eyelid, which had no sensory nerves in it at that time, and peeled off most of the pad of fat between the skin and the muscle. This was repeated on the other eye. And ever since Ray has had two eyes as good as anybody's, and two perfectly good eyelids. He uses his stubs of fingers remarkably well. The skin on the back of his hands has too much fat under it, but he is going to keep it there, as far as I am concerned. I have operated on that boy for the last time, and, thank God, he is able to dress himself and feed himself and do almost anything he wants except play the piano, and he says he doesn't care to play the piano anyway

Ray is happily married and living in Arizona. His wife teaches school, and he does some teaching too. They have several children and he is a good citizen of their community Whenever I hear a report of his activities, I think that if I had never done anything else in my life, at least that boy has had a decent existence because I had the nerve to undertake something that had not been done before and which nobody else would help me do, and the luck to pull it off

I had lots of luck of another kind, the kind that helps pay the bills. It seemed to come in the natural order of events and from many directions as my work became better known. Even so there had to be a few good breaks, and I got them.

There was a very attractive woman living on the North Shore who had for quite some time been almost completely disabled by a bad back. Not having had any relief from her own doctors, she hied herself all the way to Baltimore to see the famous Dr.

George Bennett at Johns Hopkins, the same one who later called me a stubborn Swede. He examined her and told her she had a condition in which the lateral processes of her fifth lumbar vertebra were abnormally long and were pressing against the inner surfaces of the wings of her hipbones, creating a constant strain between her pelvis and her spine, plus an irritation, similar to a bursitis, between the tips of the lateral processes and the two sides of the ilium. These things added up to a great deal of pain. He recommended an operation.

Being extremely smart, she asked him to make a sketch of what he was going to do. He explained the steps of the operation carefully and added, "This is called the Magnuson operation. It was described by a Dr. Magnuson in Chicago — oh, where did you say you were from?"

"I said I was from Chicago," the lady answered. "And surely you don't mean *Paul* Magnuson?"

"I certainly do," said Dr Bennett. "Paul Magnuson. He's the one who designed this operation."

"Well, if that's the case," the lady said, "why don't I go straight back home and have him do it?"

"I think you'll be very foolish if you don't," Dr Bennett told her "because he knows more about these operations than anybody else in the country and I've never done one."

So home she came and I operated on her removing the offending processes, which is not quite as simple as it sounds because of the involvement of muscles, ligaments and nerves, overlaid with the hipbone. When I was through, there was no pressure or irritation any more. Her back was as strong as anybody's. She and her husband had a camp up near Lake Superior and she used to tell me afterwards about her exploits in chopping down trees and dragging them into camp. I would have thought of it as just plain hard work, but it seemed to give her a great deal of pleasure because she had never been able to swing an ax before.

This energetic woman was so enthusiastic about her operation that she turned out to be a sort of second Mike McKenty

for me along the North Shore, where she had a great many friends.

I got to the point where I actually thought I had quite a fair amount of money. These were the days when the stock market boom was booming. I kept hearing about people making fortunes in Big Steel and American Can and things like that, and stocks and bonds went higher every day, so they told me —I never had the patience to try to understand the financial pages myself. My idea about money was to ask Miss Winters if she had twenty five dollars in the drawer that I could take, and if she did, I put it in my pocket and that was that. For a while I had a financial adviser who tried to tell me things, and occasionally made investments for me, but he died, and after that I had nobody to protect me from well-meaning patients and friends who were in the money business. Every once in a while one of them would call up and say: "Paul, you ought to have some of this stock." Then he would tell me the name of the issue, and sometimes he sent me over two or three hundred shares of it.

In a few days, when I had some spare time, I would go to the bank downstairs under my office and borrow enough money to pay for the stock, with the stock itself as collateral. I heard this was called buying on margin; everybody was doing it, and the bankers themselves thought it was fine, so who was I to argue with them?

These volunteer advisors of mine were canny businessmen, at least as canny as any there were around in those days, and I know they were entirely honest as well as friendly to me. Sometimes they sent the stock to me at the issue price, when it had already risen ten or fifteen points, and I thought it would not be quite fair for me to sell it. Besides, I was afraid that if I disposed of two or three hundred shares of some stock all at once, it might have a depressing effect on the market!

So I held on to everything, minded my own business and spent as much as I wanted to. So did everybody else. That was the lavish era.

During this time I collected the biggest fee of my life, in a case which gave me as much satisfaction, year after year as any I ever had.

A woman came into my office one day a very nice looking person of just over fifty on crutches. She had the classic fractured hip the neck of the femur had been broken off I took her history and found out she had had this fractured hip for seven years. She had brought some X rays with her; we made some others, and after studying them I told her I could give her a good hip to walk on, without crutches or a cane. The next day a man came to see me, a good solid American type, plainly dressed, with an air of competence.

He said, "My name s K—— My wife was in here yesterday and you told her you could cure her broken hip "

"That's right, Mr K, I told her that."

"What are you going to do with this hip?" he said.

"Are you a doctor?" I said.

"No, I'm a mechanic. I want to see what you propose to do."

"Since you re a mechanic," I said, "let me draw you a picture."

He pulled his chair around to my desk and I took a sheet of paper and drew him a diagram of the hip joint, showing him how the top of the femur terminates in a neck which bears a person's weight at an angle. I showed him where in his wife s case the neck of the femur had been broken, and explained that in the X rays we could see that during the intervening years a good part of the bone of the neck had been absorbed so that there was now no way to reconstruct it. But the hard ball which had been on the end of it remained intact, and so did the shaft of the femur To make a working joint again, we would have to fit the tip of the femur directly into the ball. In this way the joint would bear Mrs. K's weight on that side in a straight line up and down, instead of at an angle. Her leg would be about three-fourths of an inch shorter than before, but this would hardly be noticeable. I told him how I would ream the spongy bony tissue out of the inside of the ball,

and use a chisel to shape the top of the femur like a rounded post to fit into it. This would mean, of course, that the femur would be moved inwards an inch or two, and as a result the tension on the big outside muscle connecting the point of the hip to the crest of the ilium would be reduced. It has always been my belief that, when dealing with joints, the essential thing is to finish with the same muscle tension as before, otherwise you will have a sagging muscle and the patient will limp. I explained to Mr. K. that I would take care of this by chiseling off the great trochanter, which is the protuberance on the point of the hip to which the muscle attaches, and relocating it far enough down the femur to re-establish the pull on the muscle.

"By gosh," he said when I was through, "you're the first doctor that's explained the mechanics of this hip business to my satisfaction since Mrs. K got hers fractured. From the way those other fellows talked about what they proposed to do, I wouldn't dare let 'em touch her and I've had her to every big name specialist from San Francisco to Vienna."

"You have?" I said. "You must be quite some mechanic or else your wife's got a lot of money."

"We manage to get along pretty well on what we've got," he said. Then I realized who he was: a great mechanic indeed, and the holder of the patents on several of the basic devices used in making automobiles.

"How much will this operation cost?" he said.

"I don't know," I said. "How much have you got?"

He said, "My God, you don't want it all, do you?"

I said no, I was just like the tax man. I took my share and sometimes people thought it was more than I ought to take. "It really depends on how much it's worth to you to have your wife walk again without crutches or a stick."

"Almost anything," he said.

"In that case," I said, "will you gamble with me?"

He said he would. My proposal to him was that I would do the operation for $500, but the day his wife walked without

crutches or a cane he would send me a check for $15,000. He accepted it.

I operated on that hip in July. It was 110 degrees in my operating room, and my shoes were soaked with sweat running down my legs, but the operation went very well and very quickly.

Mrs. K was in the hospital for eight weeks, after which she was allowed to put weight on her hip, and go home. Early in November she called me on the telephone.

"Doctor," she said, "we're going to California. I wonder if you wouldn't like to stop and have a cocktail on your way home tonight?"

Naturally, I was delighted. When I rang their doorbell, Mrs. K herself came to answer it, without crutches or cane.

We had our cocktails, and she said, "Is it all right for me to go to California tomorrow?"

"You can go any place in the world you want to," I said, "and I don't think you'll ever have any more trouble with that hip."

My check was in the next morning's mail at the office. It was in the amount of $14,975. Mr. K, a businessman all day and every day, had deducted the $25 he had paid me for Mrs. K's examination. Mrs. K, as long as she lived, never let me forget. They did a lot of traveling to California, Florida, Europe and everywhere: every New Year's morning, wherever they were, I got a telegram or cable from Mrs. K. It had always been filed at midnight, and it always said the same thing:

"Doctor, I'm dancing. Thank you."

Things like that are a pretty wonderful compensation for the troubles a man may have.

Chapter Fifteen

WHATEVER LUCK CAME OUR WAY in my work and finances, there had been none at all in Alice's health. Eventually we realized that she could no longer cope with the management of the home, which she always tried to carry on so perfectly. The very nature of life in the suburbs was too much for her. We moved into town. After a year at the Lake Shore Drive Hotel, we bought a duplex apartment on Cedar Street, where I had a private elevator installed so Alice could get between floors. This also proved to be too much; we sold it and took a smaller apartment on Lake Shore Drive.

Social life was almost completely impossible for her. I think what gave her the most enjoyment was that I had bought forty-five acres of farmland near Dundee, about forty miles northwest of Chicago. It had a little lake and pretty woods, in the middle of which I built a cottage with sleeping quarters and bathing and cooking facilities. That was a really good investment. Every Saturday after I had made my morning rounds, I drove Alice and her nurse out there and we spent the week end. We did this in every kind of weather except the foulest. Those Saturdays and Sundays in the country seemed to lighten for the moment the pain of her arthritis and the depression resulting from her growing deformity.

Being so well-off, according to my banking and stockbroking friends, I never spared any expenses out in Dundee. We really did things in style. I had no hesitation about buying some

horses and turning one of our pastures into a scrub polo field, where Paul, Jr and I used to have pickup games with some of our neighbors on Sundays. Alice used to come and sit in the car and watch, when the day was sunny The $15,000 fee from Mr K built us our barn out there.

In the autumn of 1929, I took Alice down to Pinehurst for a vacation. She was becoming tremendously introspective, and we both thought some time away from everything in very pleasant surroundings, would do her good.

We had been on one previous trip, to New Orleans and via boat to New York, so we knew she could stand the train ride. We arranged to have a car meet our train at Southern Pines with a wheel chair and at the hotel we had all our meals sent up to the room, because she did not want to have to struggle with the dining room.

Before we left Chicago, I had been down to the bank and asked them how much I owed on my marginal accounts. The total seemed pretty big to me, so I told the vice-president I was talking to — I thought vice presidents of banks were very important people and must be financial wizards to hold such lofty positions — that I wanted to sell enough securities to pay it off

He got out my list of stocks and bonds and looked it up and down with a great air of wisdom.

"Why Doctor he said, "this is a fine list. We wouldn't advise your disposing of a single one of these stocks."

"But I don't like to owe you or anybody else that much money

"We're glad to carry you," he said. "My advice is to hang on to this list You are going to make a lot of money on it."

I thought maybe I disagreed with him, no matter how delighted the bank was to carry me. However I said I would think it over So in thinking it over I just went home and forgot it.

One day down at Pinehurst, I wandered down to the main lobby and thought something seemed strange. Then I realized what it was the hotel looked deserted.

I asked the desk clerk where all the people were.

"They've all gone back to New York," he said.

"They have?" I said. "What's their hurry?"

"Haven't you heard the news?" he said. "The stock market's crashed — there's a panic on."

"Is there?" I said. "Well, well!"

I kept on down the lobby to the place where there's a broker's office in that hotel. It was the first time I had been in there, and just about the first time in my life I had been in a broker's office anywhere. But I knew what the board was, and there was a man marking prices on it; at the rate things were changing, that fellow was jumping around like a monkey on a perch, trying to keep up and every new number he put up there was lower than the one he had just erased.

It did not worry me at all. Somebody was probably losing money but when somebody lost it, somebody else made it, so I went back upstairs and didn't even mention it to Alice. My stocks were all good ones the vice-president of the bank had told me so.

We spent a whole month in ignorance there at Pinehurst in that half-empty hotel. When we got back to Chicago my vice president at the bank called me up first thing

"How about letting me have more money to cover your loan?" he said.

I said, "I haven't got any money to cover my loan. You told me those stocks were all good."

"Well, they were," he said, "but they aren't any more."

In the end, he agreed to let my loan ride a while, and I went back to work. I was conscious by this time that there was a depression on, and that I was involved in it along with everybody else. On the other hand, I couldn't see that there was anything I could do about it, except to be sympathetic when my patients complained of their financial troubles. Believe me, I was.

Things went from bad to worse. I kept on practicing, meanwhile paying interest to the bank on my loan.

One day the president of the bank, not the vice-president, called me up. "Doctor" he said, "we'll simply have to have some more money immediately to cover your loan. Your stocks today are worth less than the amount of the loan."

"How much less?" I said.

He told me the figure. It was over sixty thousand dollars. So here I was with no savings and no money and sixty thousand in the hole.

"Well," I said, "I haven t got it. You'll just have to sell the stocks and wait until I can pay the loan."

So he sold them. Then that bank was taken over by another bank, and the president of the second bank called up and insisted he would have to have some payments. When he was through talking I said

"Now listen, Mister I haven t any money to pay that loan, but I've said I would pay it when I could. Meanwhile, you re getting your interest, and I think if you had as good security on the rest of your loans as you have with me, as long as I keep my health, my head and my hands, you wouldn't have to worry The next time you call up here, I'm going to assume you are trying to ruin my health by upsetting me, and I won't let anybody do that. I'll simply go away and take a vacation, and you can come over here and practice medicine."

"Why Doctor" he said, "You know very well I can't do that.

"Well, then," I said, "you d better bank on me to do it, and if you want your money back, don't ever speak to me about it again."

I'll say this for him. he didn't. And the day finally came when I could pay him off and I did — with a check drawn on another bank to which I had transferred my account.

The effects of our month at Pinehurst, I believe, were generally beneficial to Alice, but the fact was that we were long past the time when anything could help her much. During her last months, she could not go anywhere, even in the car She needed terribly to get out and see people, and she couldn't. She died late in the summer of 1930.

It is strange what people remember about some moments in their lives. What has remained with me most clearly about Alice's funeral, which was held at the Fourth Presbyterian Church a few blocks from our apartment on a warm September day is a thing significant to me because of what it says about her and the sort of person she was. As Paul and I arrived at the church, there was Fennel Johnson sitting on the edge of the curb beside the walk with his head in his hands, crying like a baby It was more than three years since he had worked for us, and here he was, a living testimonial to the loyalty Alice always inspired in the people around her

I stopped beside him and said, "Johnson, aren't you coming in?"

He looked up. His face was streaked with tears. "Oh, I didn't think you d want me in the church, Doctor "

I thought of the years at Hubbard Woods, and that big man cradling her in the crook of his arm to set her with infinite gentleness on the cushions in the back seat of the Twin-Six.

"You ve been a member of this family for a long time, Johnson," I said. "You come in and sit with us."

Which he did.

The world went on and my practice went on. My friends tried to kill me with kindness, but then things settled down as they always must and should. I learned what is meant by a man burying himself in his work. I was at my office by 8:30 in the morning and saw patients from nine to one or later. Miss Winters scheduled them every fifteen minutes, but I was always running behind time because I felt I had to take their histories myself and was never content to stop until I thought I had extracted every possible bit of information. I wanted to know what kind of people they were, as well as what they thought they had wrong with them. Even when the patient was just back for a checkup after an operation, I had to take time enough to admire my own handiwork, or console the patient, as the case might be. Then I lunched, usually alone, at the

Chicago Athletic Club and went straight to Passavant Memorial Hospital, where I was now taking most of my cases. There had been a Passavant Hospital in Chicago for many years, named for the great old Lutheran minister and medical philanthropist, William Henry Passavant. In 1918 arrangements had been made to move it to the downtown Northwestern University grounds, put up a fine modern building with all the facilities then known, and use it as the university hospital. The senior staff men were all drawn from the Northwestern faculty

I operated from two until about six o clock, and then made rounds, seeing my patients who were in bed recovering from operations, and those waiting to be operated on the next day and for long enough in each case to be sure there was nothing overlooked. I made it a practice not to leave the hospital until I could feel I had not neglected anybody which is a great thing for a doctor's peace of mind.

I walked home every night and usually dined at my apartment. Paul was studying at the Wharton School of the University of Pennsylvania, so except when he was home on vacation I was alone. Under other circumstances, I might have done some writing based on clinical research or personal observation. Considering that during my career I turned out over sixty major papers, one book which ran to five editions and parts of four other books, I suppose I was moderately prolific. But this was a time when I could not seem to produce anything

My associate in my office was the same Bill Hendricks who had come with me at the time of my resignation from the Industrial Commission. It was a comfort to me to know that if I had to be out of town I could leave my patients to him with the certainty that they would get the best possible treatment. He was, and is, a surgeon all the way through, and probably the world's greatest authority on gunshot and stab wounds of the abdomen and the difficulties they present on the operating table, a knowledge he gained by spending three nights a week for fifteen years at Cook County Hospital taking care of the police cases that came into Emergency One night, after

he had been working late, and was walking home in the darkness, he was held up by a man who pushed a gun into his midriff and ordered him into an alley. Bill obeyed because there wasn't anything else to do, and he was upset, but not about losing the money in his pocket, or the possibility of being killed.

"I really wish you wouldn't point that gun right there below my ribs where you're pointing it," he told the robber. "Point it at my head or my chest or anywhere else you like. But if you pull the trigger now the bullet will go into my liver, and you've no idea what a lot of trouble that will cause. Why, when you get a bullet or stab wound in a person's liver it's next to impossible to stop the bleeding. It's a terrible thing. No matter how hard you work to clamp off those vessels and stop the flow, that kind of wound just bleeds and bleeds and bleeds."

Fortunately for a lot of people, the robber didn't shoot, and when the police caught him a few days later he was still shaking his head over the crazy doctor who never gave a thought to his own safety but worried about the mess of trouble it would make if he were shot in the liver.

Speaking of criminals, I had a call at about this time to go up to the Michigan State Penitentiary and do a fusing operation on the tuberculous spine of a murderer serving a life sentence. I took my surgical nurse and bone saw and other instruments along with me. My fee and expenses, totaling fifteen hundred dollars, were being paid by a wealthy woman who had some idea of herself as a benefactress of the downtrodden. To my mind, this fusing operation was not at all necessary because a few months' rest in bed would have cured the patient, and it seemed to me if there was ever a man who wouldn't be missed from the world during his stay in bed, this was that man. But however misplaced her charity, the lady insisted, and I went ahead. The prison doctor received the nurse and me, showed us the operating room, which was first rate, and introduced us to his assistant, a very personable young man who took my instru-

ments and asked how I would like to have them sterilized. Another nice young man brought in the X rays. After I had examined the patient, who was as mild and mannerly a young fellow as you could find anywhere, something suddenly dawned on me.

"Doctor," I said, "the young man who brought us the X-rays, who is he?"

"Oh, he's a prisoner."

"And what's he in for?"

"Murder," said the doctor.

"And the one who has my instruments?"

"He's a murderer too."

I thought of that fellow sterilizing those razor sharp scalpels. "What do you do, Doctor," I said, "specialize in murderers?"

"Yes, I do," the doctor said. "Every time I hear about a murderer being given life sentence I try to find out what kind of a fellow he is, to see if I can use him, and a surprising number of them turn out to be far above the average in intelligence and cooperativeness. My X ray man is a murderer, my head nurse is a murderer, and if you want anything else around here, you'll probably find it is delivered to you by a murderer. Now what can we get for you?"

I did the operation in the morning, and never had better service in any hospital in my life. We needed a special frame built so we could put the patient's back in a cast, something it might take ten days to get in Chicago, and it was constructed overnight—by a murderer. We had a delicious lunch served to us by the prisoners, with a regular table setting of the usual forks and knives, and when we left, my nurse was presented with a beautiful corsage by the prison gardener. Maybe he was a murderer, too, but he knew how to raise flowers.

To tell the truth, I was delighted to see the morale of these people who, whatever the circumstances, seemed to be doing a job of making themselves and others happier with their lives. Sometimes since I've wondered whether it wouldn't be pleasant in a way to have all life's troubles and responsibilities taken away and spend one's days helping in a prison hospital, raising

flowers or playing in the prison orchestra and always being sure of three meals a day Well, anyway once that prison doctor got an assistant trained, he didn't have to worry about his quitting his job right away

Quite a few of the patients who were coming my way could afford, even in those days of the depression, to pay me well for what I did for them. My theory on fees was, and is, that a person coming to a doctor to be cured of a disability is not like a woman going to the store to buy a silk dress. The woman doesn't have to have the silk dress; she can manage with a cotton one or the one she has on. But the patient does have to have the operation in order to get back as a useful member of society and whereas the store can refuse to sell the dress to the customer if she does not have the money to pay for it, the doctor cannot refuse to perform the operation. There is no such thing as the medical equivalent of a cotton dress anyhow The operation the doctor does on the pauper for absolutely no charge at all is the same operation — exactly the same, involving the same amount of preparation, the same instruments, equipment and drugs, the same careful procedures — as the one he does on the man or woman of great wealth.

When you get right down to it, what the doctor is selling is literally and completely priceless. There is no use his trying to put a price tag on it. So the fairest thing is to charge what the patient can afford to pay

But how does a doctor develop a practice among people who can make more than token payment for what he does for them? I think the process is frequently that if a young doctor has had good training has seen a large number of patients and is fairly presentable, by the time he is thirty five or forty he will begin to have quite a few patients of his own who believe in him and like him and as their number increases, more and more people will be saying nice things about him and consequently more and more people will come to his office. From his original rather poverty-stricken class of patients, he may graduate into a middle-class group, sprinkled among whom there will probably be a

few who have considerable money or position, and from them he eventually acquires others in their families. Finally the old man, who has gained wealth and authority by his own efforts, gets something the matter with him, and calls in the doctor he has come to know as the one who helped out his wife or his children.

So the doctor goes to see the big man. Having always been poor and somewhat in awe of people rich and powerful, he finds himself up against an individual who has grown up by always being positive and sometimes right—as Marshall Field said, "To be right fifty-one per cent of the time is all you need to be successful." These big men are sometimes the most agreeable fellows in the world, but they are the most disagreeable when it comes to being sick. They are bound and determined that things shall be done the way they think they ought to be done, and this puts the young doctor up against it. He doesn't want to lose his patient by making him mad, and on the other hand he can't get the patient to do what he ought to do in order to get well. If he lets the patient stay sick too long his reputation will suffer because his man will leave him and go to another doctor. Women patients are usually not as difficult.

I will never forget the time I had with one of our really top-flight business leaders, whom I had always admired, and who came to me after I had performed a rather serious operation on his wife. He was a very likable man, and we were quite friendly. His trouble was his back, in which he had considerable arthritis, made worse by golf. He turned out to have a fairly acute infection. I had a vaccine made for him from a culture of his own infection, fitted him with a support, told him he could play golf as long as he didn't overdo it, and instructed him to come back to my office and get a shot of the vaccine every three days.

"Why can't I administer the shots to myself?" he said, probably expecting me to say no. I told him he could, if he wanted to. I gave him a hypodermic syringe and a bottle of his vaccine and showed him how to use them. He went to California for a

vacation, took his vaccines regularly and for a year or two after his return got along without any more trouble, playing golf as much as he wanted.

But eventually the old difficulty showed up again in a worse form and he came back to see me. An X-ray showed that his arthritis had increased, his back was stiff as a board on examination.

I said, "George, the time has come to do something else for this back."

"Such as what?" he said.

"Such as putting you to bed and giving you some real rest while we build you up."

"Well, I'm not going to bed," he said. "Why can't you give me some more vaccines? They cured me last time."

I told him the situation wasn't as easy this time as it had been the last, and that I was perfectly sure the vaccines would no longer give him relief.

"Well," he said, "how about my going to Dr So-and-so? They tell me he puts casts on them and lets them go right on playing golf. Two or three of my friends have been to him and they came out fine."

I said, "You go to Dr So-and-so. He's a friend of mine and a good man. I'll give you a note to him so he'll know you are not my patient any more."

I packed him off with a note, carrying his X-ray in a big manila envelope, and didn't hear a word from him until one afternoon several months later when his wife telephoned me at my office.

"Paul," she said, "will you come up and see George?"

"I can't. I sent him to another doctor."

"Paul, Dr So-and-so isn't doing him any good. He told George the same thing as you told him, that he had to stay in bed, and George won't stay in bed. He gets up and he lies down; he climbs out of bed and shaves, he's always moving around. He hasn't done one single thing the doctor has told him to do and he isn't fit to live with."

I felt sorry for that nice woman, and agreed to stop by for a drink on my way home.

George was in bed when I got there. He immediately began to complain about his condition, how much his back hurt, what a cripple it was making of him.

"What did your doctor tell you to do?" I said.

"He put two or three casts on me that didn't do any good, and then he said the same as you did. 'Go to bed.' "

"And did you?"

"Why sure, I went to bed."

"For how long each day?"

"Here's my bed right now," he said. "I'm in it!"

"How long have you been in it? Consecutively, I mean, without getting out of it."

"Well, I just got up to—"

"Yes," I said, "you just got up to—! You've been up to shave, you've been walking around, you've been out to lunch, you've been out taking a little ride around in your car. You haven't been down to your office, but that's as close as you've come to staying in bed as your doctor told you to."

"I don't want that fellow as my doctor any more," said George. "He doesn't do anything for me."

"You mean you don't do anything for him."

"Look," he said, "will you call him up and tell him you're going to take care of me?"

I said, "No, certainly not. I turned you over to him, and now it's up to him to turn you over to me, if he wants me to take care of you. But I'll tell you this, George, that if I take care of you, you are going to bed, in the hospital. You are going to ride over to the hospital in an ambulance, flat on your back, you are going to stay in bed, flat on your back, and take the treatment that I prescribe for you, and I am not going to have any bickering or any suggestions or anything. Now your son is going to be married in the East in six weeks. If you do as you are told, I think that probably you can dance at his wedding

If you are not ready to obey orders, don't send for me, because I'm not going to take care of you."

The very next morning he called me and said, "When are you coming up to see me?"

I said, "I haven't been called by your doctor yet."

"Oh, you damn doctors and your ethics!"

In a short time, the other doctor called me up. "Paul, for heaven's sake will you go and take care of that guy? I can't do anything with him, and he won't do anything I tell him."

"Well, boy, I could have told you that when you started," I said. "Trouble is you aren't tough enough."

"I've been tough," he said, "but it doesn't make any difference with that fellow."

I called George up and told him his doctor had called me, and now I was his doctor and would be up to see him that afternoon. So up I went. George was not in bed. I just greeted him and turned around and started out.

He said, "Where are you going? You haven't done anything about me yet."

"You haven't done anything that you were told yet either," I said, "and I hope you have a good time at whatever you do. I'm going on home and get some dinner."

I would have left, too, if his wife hadn't stopped me at the front door. "Paul, don't you dare go out and leave that hyena for me to live with another twenty-four hours! I can't stand it."

"All right, my dear," I said, "I'll make one more try."

I went back in. "George," I said, "go to bed. I'll have an ambulance here tomorrow morning to take you to the hospital."

"I'm not going to any damn hospital, and I'm not going to bed," he said.

"I think you are," I said. I sat down and very quietly told him what I thought about his case and why he had this setback. I told him I was perfectly willing to explain these things to him, but I was not willing to have him tell me he wouldn't do

anything I asked him to do "I like you personally very much," I said, "but I haven't time to fight with you every day and have you do nothing that I think is for your benefit."

"All right," he said finally "send your ambulance. I don't see why I can't ride over in my own car It's only six blocks."

"Because your own car will jolt you just enough to set you back probably a week in your recovery" I replied. "Every time you stand up straight or sit up straight, you put weight on two little joints in the lower part of your spine that are well inflamed and roughened, and I'm not going to have them knocked around and take the responsibility for their getting well after you ve damaged them some more. You re going over flat on your back."

So over to the hospital he went. I never had a more cooperative patient. He got treatment, and I don t mean maybe, and he never complained about any of it, not even the extensions we put on both legs—and I was sure he would raise the roof about them because we had to shave his legs from the knees down to put them on. And he did dance at his son s wedding six weeks later and played all the golf he wanted for a good many years after that.

People talk about a doctor having a bedside manner good or bad. I don t know just what that is, but I do know that I found it necessary to have a certain firmness, a certain good nature and a certain feeling for what my patient was feeling There was no use trying to drive my patients, I had to convince them that what I ordered was what I thoroughly believed was going to help them, and that it would do them more good than procrastinating with the halfway measures some of their well-meaning friends might have suggested. And I had to keep them convinced. One of the great annoyances to me was to have friends come in after a patient had been in bed for a week or so with a condition that was going to take six weeks to cure, and tell him all about the wonderful doctor they knew up on the corner of Halsted and Podunk Streets who would give him a miraculous

pink pill with a green fringe on it that would cure him by the day after tomorrow morning if not sooner without any effort on the patient's part. Of course that's what every patient wants: the pink pills with the green fringe make a lovely impression on the mind. But they don't really do much for his backache.

Still, you can't stop people from wishing for miracles. I understand they've been doing it for a few thousand years.

I have performed only one genuine, honest to-goodness four teen-carat miracle in my life. That was quite an experience.

One of my cases was a stone contractor living in the town of Bloomington. He had hurt himself lifting a big chunk of stone, and had been in bed for five months with pain in his lower back and down his leg

The man came to see me, and after putting him through a series of examinations over several days I took him up to the operating room, gave him a little gas and manipulated him. Much to his surprise, and mine too, in view of the length of time he had been laid up, his pain disappeared and in a few days he was able to go back to work, wearing an elastic support around his hips, and under strict instructions to let somebody else do the heavy lifting

This stonemason was not a bit bashful about singing my praises in his home town, and pretty soon I got a call to go down to Bloomington and operate on a friend of his who had been injured in an automobile accident. In this man, the spinal cord was completely crushed and there was nothing to do for him. he would always be paralyzed from the point of injury down — a tragic type of injury with which I was very familiar from my work in the coal mines. There are no miracles when the spinal cord is crushed.

I was cleaning up after this discouraging operation, when a doctor came into the dressing room and asked if I would go with him to see another patient, also a friend of the stonemason. This man had been paralyzed and in bed for four and a half years, and was tremendously eager to have me look at him. Of course I said I would, although it didn't sound favorable to me.

A man who had been in bed for four and a half years must have a pretty serious injury and I doubted that anybody could do anything for him.

The doctor took me to a medium-sized frame house where the man was lying in the front room where he could look out the window His history was that he had been in the employ of the railroad for about twenty years, a steady worker and a good reliable man. He owned his own house, his three children were getting their education and his wife was a pillar of the community One day at his work, he stooped over to pick something up, and just then an air-hammer tool flew out of the hammer described a parabola of twenty or twenty five feet and struck him in the back. The company doctor a former intern of mine at Wesley examined him and found nothing more serious than a bruise on his back.

Some time later the doctor was called to the man s house and found him lying in bed with a paralysis of both legs, insisting that he could not get up.

Another examination and new X rays did not produce any evidence of injury to the spine. The case dragged on and finally the company settled it for ten-thousand dollars. One of the doctors predicted that the man would get well pretty promptly when that ten-thousand dollar greenback plaster was applied, but that didn t happen. This man was no malingerer Neither was his wife. While her husband lay in bed, she had a second cooking range brought into the back parlor of the house, and went into the business of baking pies, cakes and cookies for the neighbor hood. They were good, as I can testify because she gave me some after I examined her husband.

I made a thorough examination of the man, and found definite symptoms, not of malingering but of hysteria — that is, a paralysis resulting from a mental block rather than any injury to the spinal column or physical interference with the nerve impulses to his legs. The most telling sign was the condition of the legs themselves. Anybody who has been lying in bed for four years with paralysis caused by injury to the nerves will have nothing

but little spindly legs with almost no muscles on them, and the numbed and undernourished flesh will be practically certain to develop bedsores. This man had not lost any flesh from his legs and had no bedsores. When I questioned him, he seemed entirely convinced that the air-hammer tool had displaced a vertebra in his spine and that the vertebra was pressing on his spinal cord. He assured me with a good deal of vehemence that the doctors who had told him otherwise were mistaken, and the evidence of it, perfectly convincing to him, was that there he had been lying in bed for more than four years while his wife supported the family when all he wanted in the world was to get up and go back to work.

I took the local doctor outside and said in a low voice that I was sure this was a case of hysteria.

"Now" I said, "I'm going back in there and make some perfectly ungodly statements to this man. They will make me sound like a complete charlatan, but if my diagnosis is correct we may get a cure."

We went back.

"Now" I said to the man, "I believe your estimation of what's wrong with you is the correct one. In spite of what the doctors say you have a displaced vertebra, and that is something which I am sure we can cure. If you will come to the hospital in Chicago we can send you home in ten days carrying your own suitcase."

"Ten days!" he said. "Carrying my own suitcase!"

I said that was right. My reason of saying ten days was that in curing a hysteria one must always set a time limit. Then I said, "Do you want me to take charge of you, or is there someone else you would prefer?"

"Oh, no," he said, with perfect assurance, "I want you, Dr Magnuson. You cured my friend, the stonemason, just like you said you would."

So I felt sure he had the implicit faith in me that was essential in treating his real condition. I told him he could come to Wesley Hospital whenever he liked, and I left that house without

having made any agreement with him as to when he was to come.

I took the late afternoon train back to Chicago. The next morning when I got down to the hospital, here was my paralyzed friend from Bloomington, already admitted and waiting for me to start treatment! He had come up on the 3 A.M. train lying on a stretcher in the baggage car

In order to make doubly sure of the diagnosis, I called in Dr Lewis Pollock, professor of neurology at Northwestern, and also a psychiatrist of great note. He approved of what I said I was going to do I tried to turn the case over to Pollock, but he said, "No, he believes in you and you're the one to cure him."

We started treatment that very day Throughout the entire sequence, I felt like a perfect fraud, but if this was part of the treatment, it was like any other prescription: it had to be taken.

To make things as impressive as possible, I got my assistants and interns together all in their white uniforms, and had them follow me into the man's room. I said, "Now we are going to put some extensions on you which will stretch your spine far enough so that we can put that displaced vertebra back into place. We will have to put weights on your legs, and strap your head in a harness fastened to the head of the bed so the weight on your legs won't pull you out of bed."

He said he understood, so I had the interns fix the extension straps to his legs with adhesive tape, then we put two pulleys on the foot of the bed and hung twenty pounds of sashweights on each leg A forty pound weight pulling on a person's legs twenty-four hours a day is too heavy for comfort, but that man never complained He really wanted to get well — and that, of course, is the difference between a hysteric and a malingerer Hysteria is a true functional condition, just as honest as any other disease.

We kept that man in his stretching apparatus for two full days. He never uttered a word of complaint about the dis-

comfort; in fact he objected to our taking the leather halter off his head long enough for him to eat. I visited him several times a day and each time I had a group of interns and nurses standing back of me to give my visit the proper impressive quality. I had no trouble collecting a crowd of watchers because there was a lot of curiosity about this case around the hospital.

On the third day we wheeled a cart into the room, and I told him his back was now stretched far enough, we were going to remove the weights, take him up to the operating room and fix that vertebra. Three of us then very carefully lifted him onto the surgical cart and took him down the hall to the elevator with the crowd following us. We made a big fuss out of telling the elevator operator not to jar his car because this patient must not have any shock to his spine. We rode cautiously up to the sixth floor and wheeled him into the operating room, and while the anesthetist slowly gave him gas, I lectured the assembled multitude on his "displaced vertebra," how we were going to slip it back into place and what the results would be, so that my words were percolating into his ears the whole time he was going under.

At length, when he was unconscious, we turned him over on his face and a good husky intern and I stood there and spanked *his back with the flats of our hands, from* his shoulders down to the end of his spine, until our palms were practically blistered and his back was good and red, which couldn't do him any harm at all, but created the sensation of something having been done to his back. Then we turned him over again and let him come out of the gas, and I gave another little lecture, this time explaining to the crowd that we had slipped the vertebra back into place, and that in three days the man would be able to walk. Once again we lifted him carefully to the cart, cautioned the elevator operator not to let him be jarred, very solicitously wheeled him back to his room, laid him tenderly back in bed and told him he must not move.

I never saw an individual lie so motionless for as many hours as that man did. He would not even let the nurses put a bedpan

under him. we had to use wads of gauze and cotton. After three days of this, we were ready for the last act of our little drama, and we had standing room only in that hospital room. I stood at the foot of the bed, while an intern turned back the covers and a nurse dressed the man in a long gown and a pair of socks.

Then, rather quietly I said, "Sit up."

He started to remonstrate. One of the men at the side of the bed reached out to give him a hand.

"Don t help him," I said. "He doesn t need help." I repeated to the patient, "Sit up. You can."

And he raised himself to a sitting position with his legs straight out in front of him, which is a rather difficult position to hold unless you have fairly good muscles and fairly flexible ones. I let him sit that way for a minute or two, and then I said, "Now put your feet out of the bed."

He started again to protest, and I said again, "Put your feet out of bed. You can." He turned himself stuck his feet out of bed and bent his knees so that his feet rested on the floor. I had one of the nurses put his slippers on. He sat there for a few minutes looking rather bewildered, and then I said, "Stand up."

One of my co-conspirators started to again help him and I repeated, "You heard what I told you. He doesn't need help. I turned back to the patient. "Mr Jones, stand up."

He raised himself to his feet and stood straight for the first time in four and a half years. Behind me I heard the people in the audience suck in their breaths with astonishment. I let him stand there just long enough to realize what he had already done, then went around to the side of the bed, held out my hands palms up, and said, "Put the tips of your fingers on the palms of my hands. We are going for a walk."

I backed out the door with him following me into the long hall.

"Now you can go it alone," I said.

He was a little afraid but I walked backwards in front of him, and that way we went to the end of the hall, where I stood while he turned around.

"Now go on back and get to bed. You're all through. You're well," I said. "Tomorrow you'll carry your suitcase upstairs."

The next day everybody in the hospital who could get free was on hand to watch him carry his suitcase up a short flight of stairs and back down again. True, the suitcase was empty but he did it. He went home in ten days just as I had said he would, carrying his suitcase, with his clothes in it, the happiest man you ever saw.

As long as that man lived, if he ever heard of a person who had an injured spine, he would drive a hundred miles in his automobile to tell him to go to Chicago and see me: I would send him home walking in ten days carrying his suitcase. That got me into a lot of trouble because some of these injured patients were never going to walk again. This is one of the hazards of helping people get well. It is very rewarding to have a patient's gratitude, but it is awfully hard on the doctor when he has to tell the next patient, whom he can't cure, that he is doomed to a wheel chair or bed for the rest of his life.

Chapter Sixteen

About this time a patient named Mrs. Thompson came to my office. She said she had been told by friends that I was a specialist. I admitted that I was a specialist on some things but not very many. She came back several times and then there was an interval during which I did not see her.

About two o'clock one morning I was awakened by the ringing of my telephone. It was Mrs. Thompson. She said her daughter was acutely ill and asked if I would come and have a look at her. Their place was not far away. Those were the days when, in that empty apartment, I was always glad to have the night bell ring no matter what time it was. I think I would not have minded getting a call from the stockyards as in the past. "Hey, Doc, we got a man here busted his foot kicking the drawbar. Can you come?" I dressed fast and went down to the Thompsons.

I found a slim fair haired girl with gray eyes that had a sparkle of humor in them in spite of the discomfort she was having. She had the classic symptoms of an acute appendix. She was perfectly composed. Her symptoms seemed comparatively mild, the pain had been present only an hour or so and she had no fever. I decided it was safe to wait and have her taken to the hospital in the morning, which was done. She had a high blood count and continued rigidity in the right side of the abdomen. I operated that morning, an uncomplicated appendectomy, and subsequently went to see her as often as I could.

When you have a patient down flat in bed and incapable of getting away it is easy to convince her that she must listen to you. I started selling Laura Thompson a bill of goods while she was at the hospital, and I kept it up after she went home to convalesce. The bill of goods was me.

I might remark that it was quite a piece of salesmanship. She was eighteen years younger than I and extremely attractive. She was tremendously witty well educated, widely traveled and immensely popular But she had no way to get me out of the house. And so Laura Thompson and I were married that fall. We decided we would live on the farm I owned at Dundee, an idea which appealed to me tremendously Before the wedding, we drove out there a number of times.

Neither of us wanted a big church wedding She said, "As long as I am going out to the country to live, I would like to be married in that country and why not in that pretty little church on the hill?" So we stopped in to look at the church one day We had to get a key from one of the farmers, because the building had not been used for a number of years. It was pretty messy inside and needed a lot of cleaning but the pews were still there and the old organ, one of the old-fashioned kind I hadn t seen for years, was still up near the pulpit. We could see that there were some leaks in the roof and we didn t know what we were going to do about that until we mentioned it to Laura s mother and she said, "Well, I'll have it reroofed," which she did. She also had it cleaned and had another coat of paint put on the outside. Then she had two large pyramidal cedars planted on each side of the front door and with its tall steeple it looked about as attractive as any New England church I have seen.

When these activities started, the neighborhood began to be very much interested in our wedding and many of the old settlers came around to call, including the former minister of that church, then over ninety years of age, who told us that the church had been built in 1848 He gave me the name of the first minister and said that there had been quite a number of Indians

in the congregation. During the Civil War the building had been used as a recruiting station. So this added a little extra romance to our wedding. It made Laura a part of the community immediately and established many friendships for her.

Laura and I took a really extended honeymoon—six months abroad. Part of it was just for the sake of traveling and seeing what there was to see, but I also had planned that during this time I would write a book which I would try to make the last word on the human back.

For three months we lived in Hampshire, which put me pretty close to London, the British Museum and the Royal College of Surgeons. We had a lovely house, completely furnished down to the last teaspoon, and staffed with marvelous English servants, and it had four hundred acres of grounds, full of partridge, pheasant, rabbit and hare.

I had not expected much attention from the local gentry because I had disregarded the advice of my Chicago friends and had not bothered with letters of introduction, but one day as I was coming back from the greengrocer's — doing the marketing is one thing I always enjoyed, and still get a kick out of — a beautifully tended and polished Rolls-Royce with a chauffeur and a footman on the box, turned into our driveway behind me, and out stepped the lady who owned the big country house on the hill, and her sister-in-law. My arms were entirely occupied by two huge bags of groceries, so I said, "If somebody will push the doorbell, I think we can get in."

One of them pushed the button and they came and had tea, both of them standing up the whole time with their backs to the fireplace, where I had a real Minnesota blaze going, not one of those little two-stick English things. When I said I was a surgeon, they asked whether in America I would be called "Doctor" or "Mister," and I said it was all right to call me Doctor. Then they asked if I was a woman's specialist, and if so, surely I knew women from top to bottom, and I said I was not a woman's specialist and absolutely did not know women from top to bottom.

They laughed at that, and so the ice was nicely broken. Soon afterwards they had all the neighborhood in to the big house to meet us. We were invited to hunt, which of course means fox hunting, which we did not do- but we did shoot twice a week at one "shoot" or another and we got along splendidly except that the only Chicagoan most of these nice people had ever heard of was Al Capone. The questions some of them asked about whether we knew many gangsters intimately and was it safe to go out in the Chicago streets at night, finally got under my skin enough so that I did a bit of delving into English history and came up with the Rum Wars in the eighteenth century. After I had regaled one or two ladies at dinner with an account of those high old times in England which were just about the same as the Chicago gang wars, we heard a great deal less on that subject.

My great book on backs, "Injuries and Diseases of the Spine," turned out to be a huge manuscript which I have never had published. It still rests in a small suitcase on my closet shelf because when I read it over I decided I didn't know enough to write the last word on backs.

We went back home at last, and I was really ready to pick up my practice and my teaching where I had left them. I had some projects at our farm, too. During those next few years, we enlarged the place considerably. We moved the original house down the hill and across our little pond on the ice, and built a new and bigger one. We wound up with six hundred acres and a fine herd of milk cows, owned, developed, and run by Laura. We also had horses, chickens, mallard ducks — and pheasants. There is a story behind those pheasants.

One of the things I had brought back from England was an intense admiration for the way those people arranged to get good shooting. The secret was in the English law which allowed a man to shoot as much as he wanted to on his own place. This naturally encouraged the landowner to increase the game-bird population of his fields and woodlands. For centuries,

it had been standard practice for the big estates, and the small ones too, to raise pheasants until they were old enough to fend for themselves, and try to protect them from predatory animals.

But in this country probably because politicians are scared of offending voters who don't own a lot of land, the state game laws usually make a landowner shooting on his own land subject to the same rules and regulations as the hardware clerk from town who gets out with a shotgun on Saturday When I raised some pheasants on my place, I was told I couldn't shoot them without a license, and I could not shoot more than two cocks a day or have more than four in my possession at any time, and if I happened to bag a female pheasant, I was guilty of the next thing to murder if not a breach of etiquette. So why go to the trouble and expense of raising them?

My feeling was that if the law was that foolish, the law ought to be changed. But how was I going to change it? I could get up a petition, form an association and start a movement, but the Izaak Walton League had been doing just that for thirty years without getting anywhere, and I thought that in another thirty years I probably wouldn't have the eyesight to see a bird on the wing or teeth to eat him with. Right now was the time

I sat down and very carefully composed a letter to my friend Charley Thompson, a lumberman who had been prevailed upon to take the job of Commissioner of Conservation. I informed him that on such and such a day — and I named the exact date — I was going to shoot a hen pheasant on my property and I wished he would send his game warden to arrest me.

That letter had barely time to get to the state capitol in Springfield when my phone rang and it was Charley Thompson.

"What the hell are you starting now you damn Swede?" he shouted.

"Nothing I'm just going to shoot a pheasant."

"Suppose I have you pinched?"

"That's what I want. Then I can show everybody how asinine the game laws are," I said. "You make people buy licenses to shoot over their own cover; you arrest them for carrying a loaded gun on a road, even if it's a road wholly on their own land. The law was drafted when there was plenty of public land, but now there isn't a square foot still in the public domain. The minute your game wardens enter my place and arrest me for shooting a pheasant I raised and that has never been off my place, they're guilty of trespassing."

"Well, Paul," he said, "what if the pheasant you shoot isn't one of yours, but is one of the ones the state raised?"

"Charley," I said, "if the state of Illinois has any pheasants on my land, eating my crops, I'm going to shoot 'em."

"Damn you," said Thompson, "always starting a fight!"

"No," I said, "I'm just going to make the laws make sense."

I shot a hen pheasant on the day I'd said I would and my friends and I did a lot more shooting on my place without our ever seeing any wardens with warrants for our arrest. I also kept on hatching and raising birds. Pretty soon the word got spread around town, as I had known it would be, that the law was being broken up at Pond Gate Farm, and one Sunday noon I dropped into the town pool hall where a number of the local boys were taking their ease. I was greeted with catcalls and wisecracks. I went over to the table from which most of the noise seemed to be coming, took off my glasses and said, "There wouldn't be anybody round here looking for trouble, would there?"

There wasn't.

Then I said, "Now listen, fellows, you all know there's shooting on my place. You can hear it. And you know we're not shooting at dead leaves or tin cans. I know your reaction. You're saying to yourselves, Here's a big guy from Chicago getting away with something we'd get pinched for. Isn't that right?"

"Yeah, that's right," one of them said, and another one growled that if I was shooting all the pheasants, how were there going to be any left for them?

"I'm not shooting any birds that would have been around for you to hunt," I said. "I raised all these birds myself and put them out. And you can do the same. That's what I came in here today to tell you."

They wanted to know what I meant by that, and I said, "You get a group together and come on out next Sunday afternoon, and I'll show you how you can raise more pheasants than you can eat."

Out they came. I explained to them that what I had there was really a game farm. I showed them my coops and brooder houses, my covered runways for the growing chicks, how the young birds were fed, dusted for lice and otherwise taken care of. I gave those fellows two hundred pheasant eggs and a couple of my coops, and told them to take a patch of no-good land and plant it with soybeans and kaffir corn, which will grow about anywhere, to feed their birds.

Those fellows went away looking at each other and talking in low tones. In two years we had in that region a Fox River Sportsmen's League with 2500 members, and the pheasants were really plentiful. I thought my point had been proved sufficiently so we would get what we wanted. A crowd of us went down to Springfield to the Abraham Lincoln Hotel, and put on a pheasant dinner to which I had sent invitations to the members of the Department of Conservation and the interested committees of the legislature. At that dinner the boys from the Fox River Sportsmen's League spoke very effectively about the necessity of changing the laws to make it advantageous to raise and release pheasants, and lengthening the season for the ones who would do it, thereby producing an extra crop for the farmer at a time when he didn't have anything else to harvest.

That wasn't just one or two men talking; that was every voter in the state that ever liked to get out in the open country

in the autumn and shoot himself a swell dinner like the one our guests had just absorbed. We got our law It provides that if a man raises game, and notifies the State Conservation Commission that he is putting loose a hundred birds, he gets seventy five tags which he can put on birds after shooting them, making them legal. As far as I was concerned, that was a rather generous allowance. We never got more than sixty birds for a hundred we raised and set free. But we had wonderful sport, and so does everybody else in the state who has half an acre of land and the patience to raise a few birds.

Professionally the 30s were my time of greatest success and biggest reputation. This was very fine except that it made me vulnerable to a certain amount of unwanted publicity

One afternoon a reporter for the Chicago *Daily News* called me and said, "Doctor, we understand there s a little girl being sent down to you from Vermillion, South Dakota. What are you going to do for her?"

I said, "I don t know what I'm going to do for her because I haven't heard anything about a little girl from Vermillion, South Dakota. What's the matter with her?"

"She s got one leg shorter than the other," the reporter said, "and her doctor out there talked to you at a medical meeting some place, and now the Kiwanis Club of Vermillion has raised a fund to send her down to you to make her short leg the same length as the other one. We d like the story from your angle."

"I'm sorry " I said, "but this call of yours is the first I've heard of this. I don t remember any doctor speaking to me about any such case. If you want information, you'll have to get it from somewhere else."

It seems he took my advice, because he got enough details from South Dakota to write a fair-sized sob story about the town that was paying to send the little girl to Chicago for treatment. This was the time the story of the girl with the upside-down stomach, which had had so much publicity in

the papers all over the country was just about running out of gas as far as any news value was concerned, so apparently the papers were tickled to find some other child to pick on and make headlines about.

In the morning all the other papers phoned me, and they all got the same answer That evening the *Tribune* tracked me to Lake Forest where my wife and I were spending the night with my mother in-law and told me the child was already on the train on the way down to see me. The conversation went on for some time without their getting a single thing from me, but when I opened my paper on the commuting train to town the next day there was a big headline story and my name played up

The little girl's train to Chicago came through St. Paul, where the newspapers swelled up with civic pride about the St. Paul boy who was going to perform this miraculous cure. They called up Father and wanted to know if he had a photograph of me. Of course Father had a photograph of me, and he was kind of proud of his son, so he gave it to them and it was published next to a picture of the little girl standing beside the train in the St. Paul station. The following afternoon when I got to the hospital there were about a dozen reporters on the sidewalk they climbed all over me with questions, and wanted me to pose with the girl. I told them they could get the hospital superintendent with her but not me. I knew nothing about the case.

Now underneath all the distasteful fuss and feathers, there was one thing that couldn t be overlooked a little girl who was disabled by a terrible deformity and whose family had been led to believe I was the man who could help her

She turned out to be a cute-looking little girl of five or six, and when I examined her I found she had one leg very much shorter than the other and besides that, she had a congenital upward dislocation of the hip on that side, so that there was really a tremendous difference between the lengths of her two legs.

I didn't know whether I wanted to try operating or just put a brace on her that would partially compensate for the difference between her legs; but the newspapers kept ballyhooing the idea that I was going to perform a miraculous operation. The story had a lot of heart interest, and they didn't care that the stuff they were printing was making me look like the dammedest quack in the world. I decided I needed help.

I got hold of Dr Morris Fishbein, the editor of the Journal of the American Medical Association, and asked him to take charge of the publicity He would know how to keep it in line with accepted medical ethics. I suggested that he try to concentrate the newspapers' attention on the act of kindness of the Kiwanis Club and the people of Vermillion in sending this child to Chicago for treatment, and make it a story that would be good for the medical profession and the community but leave me out of it. He agreed. From that time the only thing I ever said to the papers about this case was, "I haven't anything to tell you. See Dr Fishbein at the American Medical Association."

However, there are always some people hanging around who want to make something out of nothing and before we had even decided what we could or couldn't do for the little girl, I got a peremptory summons from the Ethical Relations Committee of the Chicago Medical Society to appear before them forthwith and answer a charge that I had sought all this publicity

It wasn't convenient for me to appear on the date they had chosen, and I threw the notice in the wastebasket.

It was sad about the patient. After all the headlines, there still wasn't a chance that an operation could do any good. We could not possibly lengthen that child's leg more than about fifty per cent of the amount it was shortened, and her congenital hip condition was so bad that there was no use trying to make a new socket. We sent her home without an operation, wearing a brace which her community paid for

That was the end of the newspaper hurrah, but not of the Chicago Medical Society. They kept sending me summonses, which I kept treating the same way as the first one, and finally they threatened to expel me if I didn't show up and answer the charges in person. I was not worried, because my conscience was clear but one day my friend Bill Holmes, who was now professor of medicine at Northwestern, collared me in a hallway and said, "Paul, you and I belong to a profession, and it has to have some organization. It has to have laws and rules, and they are for your protection as well as the protection of the community. I think, in justice to the medical profession, you ought to go before the Ethical Relations Committee and tell them the circumstances. I would also ask Morris Fishbein to appear."

I decided Bill was right. I was being stubborn and making myself objectionable by the stand I had taken. So I made arrangements to testify before the committee one evening at six o'clock, and I knew that by the time I appeared they would have heard the whole story straight from Dr. Fishbein.

On my way I stopped and bought some roses to take home to my wife. I walked into the committee room carrying the roses, wrapped in green waxed paper through which the thorns kept sticking me in the arm, and all of a sudden I couldn't resist taking a dig at those fellows who had made me so much trouble.

Laying the roses on a little side table, I said, "Don't get the idea I'm bringing these as a peace offering to you guys. As far as I'm concerned, the part you get is the thorns, which have wounded me about as much as you've tried to wound me with this damn investigation of yours. Let's get to it."

I told them the story and was out of there in twenty minutes. Undoubtedly I should have gone much earlier but it irritates me to be hauled before a tribunal of any kind, whether by a traffic cop or my own colleagues. I suppose this shows I have a holier-than-thou attitude which I am not entitled to, but that's the way the animal is made, so that's it.

In this period, I had some very famous people as my patients, and a great many more who were not particularly well known but had some highly interesting and complicated things wrong with them.

There was Sally Krahn.

One Sunday morning I heard a car drive up to our front door at the farm. It was a rather worn-down, rusty-looking car, and out got a young couple carrying an infant. I went to the door to meet them, prepared to tell them that if the child was a patient they would have to bring it to me in town. But the mother looked at me with such a pleading look when she said, "Doctor, we've brought our baby to you, and there is something terribly wrong with her!" that right away I thought since this was Sunday morning, I might as well do my Boy Scout trick today and see this baby.

I told them to bring her in. I removed some magazines from the table in the entrance hall, and the mother laid the child down there and undressed her. As the baby lay naked on the hall table, I saw that her right leg stuck out at a right angle to her body. The other leg lay straight but very quiet, and was completely turned out so that the outside of her foot lay flat on the table. A quick examination in that position showed me that the left leg was partly paralyzed from the hip down in various muscles, and the right leg also had some paralysis in it and could not be moved in towards the midline without giving the child some cause to resist. I then had her mother turn her over and here was a baby with the worst curvature of the lower part of the spine that I had ever seen. In addition, she had what is called spina bifida, or cleft spine, which means that some of the vertebrae were open to the rear and there was nothing covering the spinal cord except a little skin and soft tissue and the patch of black hair which is typical of such cases.

With a heavy heart, I said to those young parents, "You'll have to bring the baby into the hospital."

"Will she need an operation?" the mother asked.

"I can't tell you," I said. "Right now I wouldn't know how to repair this with an operation, and I am not so sure I know how to repair it without an operation. I am sorry I can't give you more encouragement." They left after agreeing to bring the baby to Chicago the following day.

My wife was in her dressing room. I went back there and said, "I wish I were a plumber or a bricklayer or anything other than a doctor."

She looked up in surprise. "Why?"

I said, "That child has a terrific congenital deformity. Her spine is in terrible shape. I haven't the slightest idea of how I am going to correct this thing because I have never seen a case of mixed deformity and paralysis just like this before. I've never even seen a case like it reported. It will call for more wisdom and foresight than I've got."

My wife said, "You'll find some way. You're going to try it, aren't you?"

"Sure I am," I said. "If I don't, she'll spend her life in a wheel chair — what life she has."

I still have the whole set of X rays we had made of little Sally at the time when she was brought into the hospital and then right through the fifteen years or more that I had her under my care, and I cannot look at them without marveling at what Nature will do with just a little help from the doctor, especially if he knows enough not to attempt to correct by surgery everything he sees that's out of place. No, I didn't operate.

I began by putting the child's back and hips in a cast to try to bring her legs into more or less normal position. It was more a structure. During the next few years, I had her in I-l- different kinds of casts than I can remember, pulling and [illegible] this way and that way, until we got the dislocation [illegible]

to Sally's legs were not dead but merely so exposed and tangled with heavy tissues that they had become choked or angulated somehow and therefore the impulses were not getting through. The one way to reactivate them was to get the child to use those leg muscles, and we couldn't wait until she was old enough to understand. by that time the nerves would have been really gone. So I said to the mother, when Sally was ready to creep, "If she wants anything never get it for her Put it somewhere on the floor where she can get it, and let her go after it herself. Whatever happens, no matter how much she cries, don't help her"

Everybody who has ever raised a child knows how hard it is, when a game little youngster starts crying for something to resist it and when the child is sick or crippled, it is a hundred times harder But that young couple proved as solid as a rock. Heavy cast and all, little Sally dragged herself around. She developed a freedom of action that you wouldn't have believed possible with the deformity she had, and slowly her muscles began to come under the control of her nerves. It was a great day when that little child stood up in her cast, and a greater one when, although the tilt of her pelvis made one leg much shorter than the other she walked!

I thought the time had come when we could lessen the painful pulling and hauling on various joints and muscles. I made her a new cast, covering only her torso.

As she grew she wanted a tricycle, which I advised her parents to get her and which she pumped all over the neighborhood. The year she was ready for first grade, she asked for a bicycle. It seemed incredible, but top-heavy as the cast made her she learned to balance herself on her bicycle as well as any child, and she rode it to school, much to the anxiety of her mother and father—and of her doctor But she did it.

A year or two later when they asked me if she could take gymnastics, I said, "Let her take everything they give in the school even with the cast on, she can do most of it." And

when she was about nine or ten I finally took a big chance and removed the cast entirely. Every morning and evening Sally's mother gave her special exercises under my instructions, and by the time that child was fourteen or fifteen all her muscles were well developed, although she still had the curvature of the spine and a tilted pelvis.

I still see Sally from time to time. She now does everything she wants, including dancing. I never evened her legs up with a high-soled shoe because her back was so strong I felt the constant effort to hold herself straight would be good for her. She walks a little on tiptoe on one side, hardly limping at all.

Every time I see her I get a feeling of having done things for that child that I could not possibly have thought of by myself. My hand was guided and my judgment controlled by something beyond and above my own training and intuition. And always I was bolstered by the unfaltering faith of the mother and father that I could help their baby and the tremendous good disposition and courage of Sally herself. She never cried, even when I was changing one of her casts and stretching her little body and joints with some force.

There is one thing I would like to stress at this point, and that is how often I decided not to operate.

Every time I had a case that looked like an obvious one for an operation, I asked myself, "Is the knife really the best thing? Are we sure this trouble isn't caused by some strange quirk of metabolism, or some poison seeping through from the intestinal tract? Or is it something else?"

I had one patient whose family doctor sent him to me with a very painful back which had been diagnosed as a ruptured disk. The patient became pretty restive while I examined him and ran a series of tests.

"Doctor," he kept saying, "when are you going to operate on me?"

Each time, I said I didn't know. At length we got the labora-

tory reports, I went in to see the patient. "I've got news for you," I said. "We're not going to operate. Your trouble is glandular."

I sent him to a doctor who was skilled in the treatment of glandular diseases, and he cured him. I don't know how many cases like that I had. Truly it disturbs me very much to see how often nowadays an acute pain in the back is glibly diagnosed as a "disk," and the surgeon takes his patient into the hospital and operates. In the light of my own experience, I believe that not more than 7 per cent of these cases which are operated on actually need an operation. In the other 93 per cent the cause of the pain is that muscles, ligaments, tendons, joints, nerves or fasciae in the back have become inflamed, sprained or infected. Often the trouble is nothing more nor less than an attack of gout, which has settled in the spinal region instead of the big toe; or perhaps it is faulty digestion which has caused tissues to swell and press on a nerve. The old-fashioned doctor who called these cases lumbago and treated them by giving the patient senna tea to drink was not so far wrong. Even when the trouble is really mechanical, the chances are that it can be fixed by the kind of manipulation under a whiff of gas that I started using as a young doctor.

So now I would like to tell about one more case which did call for the use of the knife, and the chisel, and a lot of other tools.

That was the case of Gertrude Van Well, and it is one which gives me particular gratification, not only because of what I was able to do by way of correcting the mechanical defects in her hips, but because the outcome was so heartwarming in terms of her life as a woman, and so close to my family.

Gertrude came into Passavant Hospital as a service case. She was a professional infant's nurse, and how she had carried on for ten years in that work, doing job after job, with two congenital dislocations of the hip, I couldn't imagine until I

had known her a long time and operated on her three times. That young woman, who had the face and head of a madonna, had more courage than almost anybody I ever saw.

She came in originally on another doctor's service. At this time she was thirty years old, out of work and penniless. She was so disabled she couldn't walk a block, and people had become afraid to have her take care of their babies. Her doctor asked me to look at her. I found that she had been born without any sockets at all for the heads of her femurs, one of which had been pushed clear up to the top of the hipbone by her weight in walking, while the other had skidded about halfway up.

"What do you intend to do for her?" I said to her doctor.

"Well," he said, "there isn't anything anybody can do except make her two stiff hips."

"Good God, man!" I said, "You can't make her stiff hips! If you do there won't be anything in the world she can do except stand up and lie down. That's out of the question. This is a girl of thirty; she has to make her living."

He looked at me and said, "If that's the way you feel, how would you like to have her on your service?"

"I think I can make something better than a couple of stiff hips," I said.

"All right then," he said, "I'll have her transferred." Which he did.

The problem was to make a socket in each side of Gertrude's pelvis in which the head of the thighbone could rotate.

After much consideration of what was the best thing to do for her and how to do it, we scheduled her for surgery, having decided to start with the side on which the upward dislocation was less acute.

I opened the hip in a very wide arc and turned down the muscles and tissues so I could see the whole hipbone fanning out upwards in a thin wide sheet. I would have to make the new socket about in the middle of this sheet of thin bone, because if I tried to pull her leg down to where the socket

should have been, the stretched muscles would have put the joint under too much pressure, and it would have jammed

I chose what seemed like a good spot and drilled a little hole, to see how thin the bone was. Then I chiseled a groove around the hole, in a circle about the size of a silver dollar Finally I chiseled the bone inside the circle into a series of triangular wedges just as you would cut a pie.

Before going into this operation, I had had a piece of hard maple turned with a round head and a handle, much like a potato-masher I took this and put it into the circle at a point over the little round hole and gave it a good strong blow with a heavy mallet. It carried those little pie-shaped pieces into the pelvis, breaking them off in a regular line around the circle I had cut, so there I had a sort of cup, deep enough to receive the head of the femur I then rotated the femur to fit its head into this new socket, and closed up.

I put an extension on the leg so that the head of the femur wouldn't push too far into the pelvis, and waited about six weeks, constantly moving the head in the new socket so it wouldn t fuse with the pelvic bone.

By that time new bone had grown, connecting the pie wedges. The head of her femur stayed in and Gertrude could bear weight on it. It was movable because we had never let it set really this sort of thing is nothing but a well un-united fracture.

We did the other hip the same way and although her legs were not the same length, we were able to equalize them, in this case, by building up her shoe. She made a complete recovery She had a pair of hips which were not as movable as though she had been born with normal ones, but they were good enough so she could walk and work and get on a horse and ride. I know about her riding because she went to work for my son Paul, who was now married and beginning to raise a family not far from us in the country For five years she was a tremendous help to my daughter-in-law and a sort of fairy godmother to my three little grandchildren. Then she married the

herdsman on our farm. We had the wedding in our garden. Now she and her husband have four fine children. She does all her own housework, along with many other things, and is one of the happiest individuals I ever knew. Last Christmas we got a card from her with a picture of her and her youngsters. Her husband wasn't in the picture, because he was the one who was taking it. He has reason to be proud of his family.

Chapter Seventeen

SINCE OUR RETURN FROM ENGLAND, I had specialized in bone and joint surgery turning my general surgical practice over to my friend and partner, Dr Hendricks.

Of course bone and joint surgery is a pretty broad field, and involves a great deal more than operative surgery or fitting braces. In most of my cases, I was the patient's doctor with all that that implies. I never believed in the narrow specialization we see so often nowadays. What good is a throat specialist who won't look into your nose, which may be where the trouble with your throat is originating? Or a urologist who can't take care of a patient's infected finger?

A sick person needs a doctor one doctor who will assume responsibility for the entire case, for getting him cured and restoring him to his family his job and his life. You can have as many specialists as the patient has things wrong with him, and each of them may cure the part he specializes in, but unless you have a doctor in charge, to coordinate the work and think about the case as a whole, you may never cure the patient.

I had a new associate in bone and joint work, Dr James K. Stack, a young man who combined a gentle appearance and manner — he was as soft voiced as I was loud and vociferous — and the most completely stubborn disposition when he was sure he was right. And of course Lola Winters was there. If I was able to work productively and successfully she de

serves a good deal of the credit. Besides running the office, which was a tremendous responsibility she helped edit, with Miss Maud Fairbairn, the excellent medical stenographer in our building all the monographs I wrote, as well as the manuscript of a full-length book, *Fractures*, which was mostly mine, with important sections by Dr Loyal Davis on injuries to the nervous system, mainly to the brain and spinal cord, in connection with fractures, and by Dr Stanley Coulter on postoperative therapy two subjects on which I felt they knew more than I did.

In 1936 I took a new office at 700 North Michigan Avenue. One way and another I was able to schedule my time a little better than before. I could commute to town from the farm four or five days a week, and sometimes I could go away somewhere for a week or so. That didn't mean I wasn't still subject to being called back for an emergency at the hospital.

One time just before World War II I had planned a little fishing trip in Northern Michigan, where they really bite. The night we were supposed to leave, a friend of mine, a general in the Army got himself turned over in a staff car He was riding in the front seat with the driver and had his right arm and elbow out the window They brought him into Passavant, and sent for me.

That arm was really smashed to bits. I found the tissues so swollen and so filled with dirt, gravel and splinters of bone that we couldn't do anything except clean it up, which left very little except blood vessels and nerves and some strings of muscles and tissue around the bones. We dressed the wound and prepared to wait several days for the inflammation to subside. There was no apparent reason for me not to go fishing

But I had hardly made it to the camp, after driving all afternoon and most of the night, when a ranger brought a message the hospital was trying to reach me. I drove twelve miles to the nearest telephone and finally got through to the resident surgeon.

"The general's in bad shape," he said. "He's developed gangrene."

I never even went back to the camp. I just headed my car south, cursing myself for not having stayed at the hospital with a patient that sick. When I got so tired I couldn't see the road, I pulled over and took a short nap, then pushed on again. I reached Green Bay Wisconsin, in time to catch the milk train to Chicago.

The resident had been right. The general had gas gangrene. Not only the lower arm, which was the injured part, but the upper arm, too, was swelled up like a balloon and it crackled to the touch. What happens in gas gangrene is that the tissues are attacked internally by anaerobic bacteria, which live and grow without oxygen — in fact, oxygen kills them. They give off a gas which sets up a tremendous pressure within the tissues, and this pressure squeezes off the blood supply so that the tissues die.

The general was a sick man. I had to take drastic measures. I sent for an anesthetist with his equipment, and took the patient's arm off at the elbow without moving him from his bed, then with a scalpel I made ribbons of the upper arm, from the shoulder to the end of the amputation, freeing blood vessels, nerves and surrounding tissue which were full of gas. In this way the gas was allowed to escape without causing pressure and did not go any farther up the arm because the incisions were all made above the line of the gas pressure. The arm was then packed in gauze and we had hydrogen peroxide run into the dressings and skin from above. Thus oxygen got to the gas bacilli and killed them. The general got well.

It is really astonishing what will cheer some people up. In the general's case a lawyer whom we both knew came in to see him. The general wouldn't even smile at his old friend.

"It's awful to lose your right arm," was all he could say.

"Why, you've only lost part of it," said the lawyer, "and you're a lucky stiff."

"Lucky?" said the general, looking about ready to commit murder.

"Sure. Think how many bastards you won't have to shake hands with!"

And that was what the general's morale needed.

One thing that gave me a great deal of satisfaction was my teaching at Northwestern University Medical School, where I was professor of bone and joint surgery and head of the department. There is nothing more satisfying than the training of young men, giving them the benefit of what you have learned through long study and experience. It does wonders for the professor's ego.

I never minded using a touch of drama or maybe melodrama in my classroom or operating theater. It can be very valuable when you really want to drive a point home.

One of my patients, the mother of a doctor on our staff had diabetic gangrene of the leg. It got bad enough so that we decided we would have to take her leg off above the knee. The resident and the intern on the case were responsible for getting the patient ready. When I came into the operating room after washing up, she was on the table, under the anesthetic. Her leg, as usual in such cases, had been put through a round opening in a piece of linen drape. Both her feet were encased in cloth boots, and everything was covered up except her knee and the relatively small area above it where I was going to do the amputation. So far so good, apparently. But there was something terribly wrong, as I realized immediately.

The intern in the usual manner read from the chart. "Gangrene of the right leg. Cause, diabetes. Amputation indicated." I took my place at the operating table.

"Is this the leg?" I said.

"Yes, Doctor," said the operating room nurse.

I selected a knife. I said to the intern, "Are you sure this is the leg?"

"Yes, sir."

I laid the sharp edge of the knife on the patient's bare skin

where the incision was to be made. I looked across at the resident, who was ready with the clamps to stop the first gush of blood. "Is this the leg?"

"Yes, Doctor that's the leg"

I pulled the knife away "Now" I said, "take off the linen and the boot."

They obeyed, and they were a sick-looking bunch when they saw in front of them a perfectly healthy right leg and foot!

She had been brought upstairs wearing the cloth boots on both feet. They had neglected to remove the boots to make sure, and had overlooked the simple fact that when you face a patient from the bottom of the table, the left leg is on your right and the right leg is on your left, and because of this the intern had written it wrong on the chart.

I wanted those three people to shudder at how close we had come to cutting off that nice old woman's good leg. It was not really close at all, of course, because for thirty five years it had been second nature to me to check every single thing in the operating room, and always to be sure. But I wanted it to be second nature to them, too, and I think my little dramatization drove it home as nothing else could have.

It got to be 1939. War had started up again in Europe. It didn't take much clairvoyance to see that the United States was going to be involved in it, and every doctor in the country would be in it up to his ears. That certainly included me, although I was now too old to be put into a uniform.

Pearl Harbor came, that unforgettable Sunday afternoon. I thought hard about what the war was really going to mean in medical terms. My younger professional colleagues were being commissioned by the thousands, guaranteeing that our soldiers and sailors were going to get the best possible treatment as long as they stayed in service. With all those able, experienced doctors hovering over them, I thought they would have medical care running out of their ears, which would at least be better than not having enough of it.

But one fine day they would be discharged and come back to civilian life. They would be officially classed as veterans, and a terrible lot of them would be disabled by wounds, disease and psychoneurotic ills. The military hospitals would be closed to them. The doctors who had treated them in uniform would have returned to civilian practice. These men would become the responsibility of the Veterans Administration, and its nationwide system of hospitals built over the years since World War I

And that didn't look good to me. As every doctor knew and as we in Chicago could see for ourselves at the Veterans Administration's big Hines General Hospital out west of town, with its 3253 beds, the Veterans Administration Medical Department was in a sad state of decay Medical treatment was so far below standard that the newspapers were beginning to notice the smell. I didn't know it then, but before the war was over this thing was going to blow up into a first-class nationwide scandal of bad treatment, costly blunders and administrative incompetence.

This situation was a perfect example of bureaucracy at its worst. The majority of Veterans Administration hospitals were stuck in far-off places, some of them on Indian reservations, others as much as fifty miles from the nearest through-line railway stop The doctors were all full-time Civil Service employees, hemmed in by regulations and practically forbidden to do any research, attend any medical meetings or otherwise keep in touch with scientific progress. Operating rooms closed at noon so everybody could spend the afternoon happily doing the required paperwork, while patients waited days and weeks for surgery Once a patient had died on the table, in one of the Veterans Administration hospitals, and investigation had disclosed that he had not had an electrocardiogram, or EKG, so now there was a regulation in the Veterans Administration that no case could be operated on without an EKG, whether the patient had ulcers, arthritis or a broken neck. Sometimes people

in desperate shape lay around for ten days waiting for the EKG technician to get around to them.

There was not a single veterans hospital that was accredited by the American Medical Association for residencies or internships. No teaching was permitted in those hospitals. They were not even called hospitals — the offical name for them was "Veterans Administration facilities." The doctors in those places were the most dispirited, downtrodden bunch you ever saw.

I thought our boys who would be coming back from combat deserved a little better than they apparently were going to get. And that is how I got involved in veterans' medicine. I sat down and wrote a letter to the head of the Veterans Administration, Brigadier General Frank T. Hines. The gist of it was that when the Veterans Administration built or leased or otherwise created new hospitals to meet the tremendous need that was coming it ought to put them near the established medical schools and make them teaching hospitals like Presbyterian and Bellevue and New York hospitals in New York City. University Hospital in Philadelphia, Massachusetts General and Peter Bent Brigham hospitals in Boston, or University, Passavant and Wesley hospitals in Chicago. I suggested that the Veterans Administration arrange to have the deans of the medical schools staff the hospitals, putting in chiefs of service, residents and interns. In this way the Veterans Administration would be drawing on the cream of the civilian medical profession.

I not only wrote this proposal to General Hines, I went down to Washington to see him about it. He did me the courtesy of saying he would consider it. I had discussed the idea with my energetic and distinguished colleague and friend, Dr. J. Roscoe Miller, known to everyone as "Rocky" Miller, who was the dean of medicine at Northwestern and now is President of the University. There was nothing secret about it at any time, so Rocky did not hesitate to mention it to various people, and a newspaperman got hold of it and wrote a little story about it. I understand that the publication of this story made

General Hines very angry At any rate, I never heard from him again.

Poor man! The tragedy was his. When the sorry facts about veterans medicine were revealed a couple of years later he was swept out of office under a terrible cloud.

I stuck my copy of the memorandum in the bottom drawer of my desk and forgot all about it.

My principal concern after Pearl Harbor was the government's new artifical limbs program. Major General Norman Kirk, Surgeon General of the Army started the project in 1942 by appointing a number of us, in different parts of the country to a national committee, under the National Research Council, to investigate the manufacture and fitting of artificial limbs and the rehabilitation of war wounded who had had amputations. At that time we didn't know the comparison between military and industrial amputations. It later turned out that there were 18,000 amputations in all the military forces during the war but during the same period in civilian industry there were 67 000 major amputations. Before we were through, we managed to have the program broadened so as to cover civilian as well as military amputations.

We were a crowd of scientists. We thought we knew something about how to make and fit artificial limbs and how to train people to use them. But when we really got into the problem, we found we didn t know the basic principles. Nobody did. And that is no wonder when you consider that a grown human being can be four feet tall or seven feet tall, have a waistline varying from 18 to 108 inches, and weigh from 80 pounds to 400, and that every amputation is a little different from every other And a 200-pound man who walks 1000 steps a day which is only about half a mile, hits each of his legs a 200-pound blow 500 times a day That's a lot of weight for a mechanical device that has to fit over soft flesh. The Bureau of Standards never did manage to design a machine to test the durability of artificial legs. A leg would stand up indefinitely on the testing machine under terrific pressure and

then you put it on a man and he would break it down in two or three months.

The weakness of any testing machine is that no two people really walk alike. If you will notice carefully you will see that some of us swing our feet one way and some another some of us twist when we set each foot down, some of us land on the outsides of our heels and others straight on the backs of our heels, some of us are pigeon-toed and high-arched, others flat-footed. Some people have rotation in the knee when it is straight, but most of us have it only when the knee is bent.

One thing that came out of the research was that an artificial leg in some cases ought to be made with some sort of pivot in the shin between knee and ankle. This greatly reduces the amount the cup has to twist on the stump and cuts down the skin irritation which is one of the most serious problems with artificial legs.

Another problem that took quite a long time to work out was that in artificial arms, the cable that activated the hook or other device that took the place of the hand was always a raw hide thong, and this became soaked with perspiration, moldy and bad-smelling We settled on using a length of piano-wire running down the middle of a finely twisted cable, but it was a good many months before we found a way to prevent it from making a creaking metallic noise that drove the wearer crazy

One of the toughest things was to get the manufacturers to make the limbs according to our prescriptions. The artificial limbs industry had always consisted of hundreds of little alley shops, many of them started by men who were amputees themselves. None of them were licensed. There was no attempt at uniformity They all used different kinds of screws with different-shaped heads and different threads, and most of them made the parts in their own way with the result that their customers had to come back to them for repairs, often at great inconvenience.

The manufacturers at first had an idea that the government was going into the artificial limb business in competition with

them but when they found out we were trying to help them in their business, with research they couldn't afford, they changed their tune and revised their manufacturing procedures so as to employ uniform methods. Not only were the devices themselves much better designed than before, but now a man who had obtained his artificial limb in San Francisco could get it repaired in New York, and vice versa.

In the meantime we were educating doctors and physical therapists all over the country. Together with the limb manufacturers, they formed a complete team for the design and fitting of prosthetic devices and for the care and training of people who had been unfortunate enough to lose one or more principal limbs.

Early in the artificial limb program, a group of us took a trip up to the Percy Jones Hospital in Battle Creek, Michigan, which was the Army's amputation center, to form an opinion of what our problem really was in human terms. They showed us three soldiers who were double-arm amputees. One had his right arm off at the shoulder joint and a very short stump above the elbow on the other arm; one had been amputated just below the shoulder on one side and above the elbow on the other; the third had no arm at all on one side and a short stump above the elbow on the other side.

None of these three men could feed himself or dress himself or do anything for himself. When we were alone together again, I looked at my colleagues, Dr. Harold Conn, Dr. Philip Wilson and Dean Paul Klopsteg of Northwestern's School of Engineering, and they looked at me and all four of us spoke in just about the same breath.

"If we can only live long enough to find some way to do something for these fellows!"

Not much more than three years later the program had made enough progress so we could take a group of amputees down to Washington to let President Truman see for himself what had been accomplished. We presented that day one of these men from Battle Creek, who had two artificial arms.

I will never forget the scene, as we were ushered into the President's office in the White House. He was standing behind his desk, with the Great Seal of the United States on it, to welcome us. After we had explained some of the things that had been accomplished, our double amputee boy stepped up to the Presidential desk and demonstrated how he was able to undress himself taking off his coat, shirt necktie and under shirt. He stood with nothing on above the waist except the harness across his shoulders from which his two artificial arms operated.

The President, who had watched this performance with obviously intense interest, tipped his head to look sideways at the harness. He spoke softly:

"How do you get in and out of that thing son?"

"Mr President," the boy said, "if I wasn't afraid of scratching your desk, I'd show you right here."

The President leaned over and with a sweep of his arm pushed everything on that desk down to one end of it — documents, inkwells, ashtrays, paperweights and everything else — some of it landed on the floor

"My boy don't mind the desk," he said.

The young man leaned down and wriggled out of his harness, leaving it humped up on the desk, and stood there as he was, naked to the waist and completely minus arms. When he leaned over again, put his head down, wriggled into the harness and got his arms fixed up and working again, Mr Truman had tears in his eyes.

I happen to know that the President went up and spent a good part of that evening telling Mrs. Truman about these men. She confided to friends that she had seldom seen him so affected or so enthusiastic about anything I know a lot of people have claimed they didn't like Harry Truman, and certainly he sometimes did things that were not according to the book of etiquette, but I like that man. It is not because I have any particular political bias in his favor or agree with all the things he did — but he was and is a very human individual.

I didn't fade away for lack of work at any time during the war. The Dodge division of Chrysler had built a huge new plant near Chicago for the manufacture of war equipment. I agreed to serve as medical supervisor, and take all serious injuries on my service. Throughout the war I ran from sixty to ninety patients at Passavant and Wesley Hospitals. In order to do this I brought in Dr. William A. Larmon, a fellow in surgery at Northwestern and a very brilliant young man, to carry the main surgical load, with the understanding that he would call me in to help on cases he did not feel capable of handling.

I also taught a succession of classes, of thirty-two young Army medical officers each, in the surgery of war wounds, a special branch of medical science all by itself.

Well, I had a strong constitution which made it possible for me to work really hard for long stretches of time, and play just as hard, without wrecking my health or losing my zest for more of the same. That was my best inheritance from my parents. Their strains were strong, tough and tenacious of life. When my father died in 1945 he was within a few weeks of his ninetieth birthday. He smoked his cigars and drank his coffee to the end. He had never put on any weight; his stomach was as flat as a boy's. Just a couple of years before his death he had a compression fracture of one of his lower vertebrae, caused by trying to lift the end of a heavy sofa. I went up to make sure he was being properly taken care of. I started to examine him in his bed, where he was lying on his back.

"Hadn't I better roll over on my stomach?" he said. "Don't you want to examine my spine? That's what's hurt."

"I am examining your spine," I said. "When a man's as thin as you are, the lower part of his spine is lot nearer the front than the back."

He was never really sick at all, even at the end. Mother followed him not long afterwards.

My sister Louise, who was Mrs. Emmett MacWilliams, died the same year, much too young, of cancer. Not long ago I was in St. Paul, and took a taxi out to Merriam Park to the old

house. Without our family in it, without Father in his chair reading or splashing and shouting in his icy morning rub, without Mother dozing by the window or bustling about the house and trying to keep us kids in control, it did not have any meaning for me.

Chapter Eighteen

It was 1945. The war had ended and my medical friends who had been in uniform were returning to their offices. Many of the younger men had no offices to come back to. After four years of military duty they were desperate for jobs and for the specialized training which young doctors can get only by going into residencies under older men. There were not nearly enough residencies in the civilian hospitals to meet their needs. At the same time, the Veterans Administration hospitals all over the country were being filled up to the windows by sick and disabled men, and were critically short of doctors because of Civil Service red tape and the bad repute of Veterans Administration medicine.

Doctors without patients, patients without doctors! That was the story. Every time I thought about it, I got madder.

Meanwhile, President Truman had assigned General Omar Bradley to try to straighten out the Veterans Administration mess. He was a great choice, because he was the GI's general and had the backing of the enlisted men and their families. Still, I didn't see what he could accomplish, as long as the setup stayed the way it was.

One day my good friend Dr. Loyal Davis, who had been with the Army in Europe, telephoned me to announce in a jubilant tone that Bradley was bringing with him, to head the Veterans Administration Medical Department, a great man by the name of Paul Hawley, a regular Army major general who

had been Surgeon General of our forces in the European theater

"This Hawley's the finest medical administrator I ever saw" Davis crowed. "He'll do a tremendous job in there."

"He won't unless they change things," I said.

"Maybe, that's what they'll do," said Loyal.

"Kick out Civil Service?" I said. "They'll never get away with it."

A few days later I had a telephone call, long distance from New York, from a young doctor named Frank Stinchfield, who had trained under me as student intern, resident and assistant, and had left me in 1940 to become an associate of Dr. William Darrach at Presbyterian Hospital in New York. Shortly after the beginning of the war he had been commissioned a first lieutenant. He had come back as the youngest full colonel in the Medical Corps.

"Chief" he said, "they've invited me to go in as General Hawley's assistant and try to set up a clean deal in veterans' medicine. Do you think I should do it?"

"Well," I said, "do you want to be a surgeon, or do you want to be an administrator?"

"That answers my question, all right," he said. There was a long pause, after which he said, "Now that I'm turning down this job in Washington, chief would *you* consider it?"

"Hell, no!" I said.

Towards the last of September Dr Davis invited my wife and me to a little dinner for General Hawley at the Racquet Club in Chicago. The general was in uniform, and my first thought when Davis introduced us was that he looked more like a country doctor than a soldier He had a comfortable figure, a loose lock of hair that fell over one side of his fore head, and a quizzical, crooked little smile that seemed to say "Whatever you're up to, I'm wise to it." As a matter of both his father and his grandfather had been doctors in Indiana, so he had practically been born with a black leath satchel in his hand. I liked him right off the bat.

Following dinner Hawley in a little talk, told us the V

Administration Medical Department was in even worse shape than we had supposed. Inside of three months, they would have a hundred thousand patients, with less than a thousand doctors to take care of them. The civilian doctors who had been assigned to them by the Army and Navy were not going to stay after January 1 and so there would be nobody left except the regular full-time Civil Service doctors, very few of them specialists. In spite of that, Hawley said, he was determined to see to it that these hundred thousand sick and injured men got medical care second to none.

"That's my slogan," he said, "'Medical Care Second to None,' and I'm going to keep kicking until we get it."

Then there was some manipulating by Dr Davis, which ended with me sitting in the club library talking to Hawley. Although I never take drinks after dinner I found I was gradually absorbing highballs, and as the highballs went down, the spirits came up. Hawley and Stinchfield and Davis had told him about my idea of having the ranking medical schools staff the Veterans Administration hospitals, and he was enthusiastic about it. He wound up by practically daring me to come to Washington and put the plan into effect.

I told him I would wait and see what developed. In a day or so he called me up from Washington and asked me to come down and look the situation over. I went down and looked it over. I couldn't help being struck by General Hawley's approach. Like me, he saw Civil Service, with its masses of rules and regulations, as the instrument through which the bureaucrats had ruled, and ruined, veterans' medicine. It might be a fine thing for some types of government employees, but, he said, he was damned if it could ever work for the self-propelled individualists who make the medical profession what it is. He told me that, at this very moment, he and General Bradley were putting all their weight behind a new law which would set the Veterans Administration Medical Department up as a separate unit completely independent of Civil Service as far as the employment of doctors, dentists and nurses was concerned.

I thought I had never heard anybody talk better sense, or more of it. I went back to Chicago, consulted with my wife, my colleagues and my own conscience. It was then that my skeptical friend came out to the farm and told me the bureaucrats would make mincemeat of me. I dictated a letter to Miss Winters.

"Dear General Hawley," my letter said, "I am sorry but I have been thinking over a good deal the suggestion that you made about my coming down to Washington and doing a job at the Veterans Administration, the reason I am sorry is because I have spent a number of restless nights turning it over in my mind.

"If I thought I could do a job I would quit the practice of medicine in Chicago for six months and come to Washington ..."

I also set forth in the letter the things I felt I should know about the medical program, and reminded Hawley of what I had told him about myself particularly the fact that I had been running my own show in medicine for thirty five years, fifteen of them as head of surgery in a first-class medical school, where a man comes as close to being a czar as you can find in the United States, so that there wasn't any use trying to teach me to obey orders because it was too late for that now. Evidently this didn't frighten them, because the next thing I knew Hawley was out again, urging me to come down and have another talk with the people there.

Just at this time a really first rate young surgeon of my acquaintance came in to see me at 700 North Michigan Avenue. I took one look at his face and said, "Well, what makes you so glum?"

He managed a sad little grin. "No money, no job, no office, no patients, a nice wife and three kids to support. I applied three weeks ago for a job at the Veterans Administration hospital out in Hines."

"For goodness sake, why don't they grab you?" I said. "That place is horribly short of surgeons."

"I don't know what's wrong, Dr Magnuson," he said. "The

people out at Hines have approved my application and sent it down to Washington. I phone them every day and—no news. You don't know where I could get a job as a truck driver or shoe salesman?"

"Listen," I said, "have you got copies of your application papers?"

"Sure," he said, "but what —"

"Never mind what," I said. "You go get them and bring them to me."

I had them in my pocket when I went to Washington, and the first thing I did after arriving at the Veterans Administration building was to hand those papers to a medical colonel whom Hawley had assigned to show me around.

"Colonel," I said, "this is a man the Medical Department needs very much. I want to find out why he's not on the payroll. You go dig up his original application, wherever it is."

My colonel disappeared. He came back in about an hour looking flustered, and said the papers were not in the Veterans Administration.

"Well," I said, "where are they?"

"They are probably up in Civil Service, Doctor," he said.

"Then go and get them out of Civil Service," I said.

"Oh, Doctor, we can't do that," he said. "Civil Service won't give them to us."

I thought I knew how to get action out of this gentleman.

"Colonel," I said, "you get those papers out of Civil Service, or I will be compelled to go in and tell General Hawley and General Bradley I am on my way back to Chicago, today."

I didn't bother to add that I already had my ticket on the 5:30 train that afternoon. I don't know what that poor colonel told the people up at Civil Service, but before the afternoon was over he was back again and he had the application papers in his hand. It turned out there was nothing wrong with them. They had been approved immediately by the Veterans Administration Medical Department and sent over to Civil Service,

where they had been lying at the bottom of some clerk's basket for three weeks, and probably would have stayed there for another six months if I hadn't interfered.

I went in to Hawley "This is the kind of thing I'm talking about," I said. "These damned bureaucrats don't care that we've got patients minus doctors, and doctors minus jobs. All they think about is protecting their own little bailiwick and keeping anything from being accomplished!" I started to say a lot more in terms unsuitable for publication.

Hawley jumped up and took the papers out of my hand. "Come on!" he said.

He led the way down the hall and up to Bradley's office on the tenth floor He went straight in and Hawley had me tell the story

"General," I concluded, "you will understand me when I say that I couldn't consider trying to work here under such conditions."

"Well, under what conditions would you consider it?" Bradley said, with that kindly smile of his.

"Under the condition that if a qualified doctor applies for a job in a Veterans Administration hospital one morning he can be at work in that hospital by six o'clock that same evening" I said.

I went back to Chicago, thinking I had asked for the impossible — but two days later my young friend had his assignment at Hines General Hospital.

Then, Generals Bradley and Hawley came to Chicago together Whether they had other business there or not I don't know At any rate, the three of us had lunch, and General Bradley reported that the famous bill to take the Medical Department out from under Civil Service was having clear sailing in both houses of Congress. There was no serious opposition to it, even by the professional veterans organizations.

After lunch, I was as usual being somewhat vociferous in my criticisms of government, present, past and future, when Bradley in his quiet way said.

"Doctor I believe we all understand your plan for letting the medical school deans staff our Veterans hospitals, if you were to come to Washington how many of these arrangements could you have in operation in the next six months?"

"I could have two of them started in the next six weeks," I said.

"Doctor" General Bradley said, "I think you are a little overoptimistic."

I told him I didn t believe that was the case, because I knew the kind of men I would be dealing with. It was my opinion that if the medical men of this country were given a chance to render a service to the sick and wounded veterans and to the younger doctors, they would do it wholeheartedly and without regard to time, effort or money So I knew where we would be starting from and about how fast we could go from there.

"But we can t go anywhere unless you give me a free hand and back me up when I start breaking those regulations," I said, realizing that I was now thoroughly hooked. "So, what are my orders?"

Bradley smiled. "Your orders are to get the job done, and try to keep out of jail. But if you go to jail, we go with you."

That was all I wanted to know

"Coming from you, General, that's good enough for me," I said. "But don t be surprised if you hear some explosions down there on the eighth floor when you re in your office up on the tenth."

When I got home to the farm, I found my wife laughing It seems she had mentioned to some of her friends that day that we might be going to Washington soon. They had been horrified.

"Why they had exclaimed, "*nobody's* going to Washington now The war s over!"

I thought that was very funny too, and very shortsighted, because the war itself might be over but it would be a long time before the aftermath, especially the human aftermath, was

finished and done with, an awfully long time. I told her what I had agreed with Bradley

"Well, then, let's go!" she said.

She left the next day to find a place in Washington for us to live.

I went to see "Rocky" Miller at Northwestern and Dr Raymond Allen, dean of medicine at the University of Illinois, and asked them to get ready to put in an attending staff and residents at Hines General Hospital as soon as I was able to give them the go-ahead from Washington, which they agreed to do. I also asked them to go out to Hines immediately taking as many doctors as necessary to make a thorough medical survey of the place, and determine how many of the patients there needed hospital care. The result of that was that within two weeks, 40 per cent of the inmates of Hines had been recommended for immediate discharge.

Then I took a trip to Minneapolis and asked Dr Harold Diehl, dean of the University of Minnesota medical school, in a meeting with his professors of medicine, surgery pathology and neurology to do a similar job at the Veterans hospital at Fort Snelling — in other words to assume complete responsibility for the medical service there, and make the Minneapolis Veterans Hospital as good an institution as their own university hospital.

Diehl shook his head. "Paul, you can't do that in government."

"But General Bradley says we can."

"Well, then, if Omar Bradley says we can, we will." He and his colleagues went to work. As at Hines, the first thing they did was to survey the patients at Fort Snelling and send about 40 per cent of them home.

One of the gentlemen they ousted became quite a celebrated case in the newspapers a little later when some politicians in one of the Minnesota veterans' organizations brought him forth as an example of my "heartlessness" in having penniless sick veterans thrown out of the hospitals. Unfortunately for them, this fellow turned out to have a beautiful cottage on one of the Minnesota lakes, where he spent his summers in luxury

that included a motor boat. Also, he had full retirement as a city fireman. Yet this man for a number of years had made his winter home as a patient in the hospital at Fort Snelling, paying no rent and with all meals and entertainment provided by the taxpayers. So they couldn't make much of a case out of him.

My new base salary as a P-7 in the government, with the title of Director of Research and Education, was $8750 a year or just about one fifth of what I had paid the government in income tax the previous year. But money really was not a consideration. This was a chance to do something about bureaucracy. It is my opinion that if this country is ever brought to its knees it will not be by the Russians but by the complete bureaucracy in Washington which is building up to seize control of almost every phase of American life. We had better all hate it and begin to do something about it through our political representatives or it will break our pocketbooks and our spirits. I went down there determined to break the stranglehold bureaucracy had on veterans' medicine.

Laura had found a house in Georgetown, very pleasant and very comfortable. We moved there right after Thanksgiving and I settled down to working out the details of my plan, in order to have it ready when the new Veterans Medical Department law went into effect. Everything really depended on that.

There were quite a few problems. For instance, what were we to do with the doctors already working for the Veterans Administration full-time, some of whom were good men? I decided we could assign the best of them as heads of service in the less accessible hospitals not connected with medical schools. How were we to pay the senior men who would act as attending physicians do in university hospitals? I thought we could pay them on a per visit basis, with each man's total compensation not to exceed $6000 per year. Finally I drew my ideas up in a five-page double-spaced memorandum on my personal letter stationery beginning "This is a statement of what I believe General Hawley has in mind for the immediate future for the staffing of veterans hospitals and for cooperation with

teaching institutions." And I took Hawley to lunch at the Carlton Hotel.

After the waiter had cleared the table, Hawley went over the plan with a pencil, underlining sentences for emphasis, adding a word or a clause here or there to strengthen a statement. He put his big "PRH" on every key paragraph. This was it, the *modus operandi* of what was to be known as the Dean's Committee plan. That five-page memorandum, with Hawley's notes scrawled all over it, is now in the archives of Northwestern University.

In 1951, Robert L. L. McCormack, director of research for the Citizens Committee for the Hoover Report, publicly stated that in his opinion that little document had "saved the lives of tens of thousands of veterans." I am proud of it. The one person not so proud of it is Lola Winters, because it is rather badly typed. She disclaims it, and she is right, because it was done before I managed to bring her to Washington.

Meanwhile I continued my open warfare against red tape. It was really open, too. I made it a policy to speak my mind in loud and clear tones, and I didn't care what bureaucrat's sensibilities I ruffled in the process. I made sure that everybody in the place knew that my opinion of bureaucracy was that I was against it. It seemed to me that was the only way in the world to clear the decks for the action we were preparing for.

Those in charge had assigned me a helper who was one of the inner circle. I gave him a chance to show how much help he was going to be, and it was very little, so I went up and told them they would have to assign him somewhere else where nothing important was going on. By the time they had mustered their arguments against this, I was out the door. After that, quite a few young returned veterans began drifting in looking for jobs. Eventually I engaged two of them. One was a young man just out of the Army Hospital Corps, who was waiting for a course in hospital administration to open up. His name was Robert Kevan — and what a man Bob turned out to be! He was one of your quiet unassuming people, but a real worker

and a loyal friend. He never did take the course in hospital administration. He liked the atmosphere in my office so well that he stayed on and when I left the Veterans Administration five years later he was a Grade 15 in the office of the Chief of the Medical Department.

For my typing, I was supposed to use what was called the Stenographic Pool, a stable of females allegedly trained in taking dictation and typing. You called the Pool and they sent up whatever girl happened to be available, and she supposedly did your work. Those young women had me completely frustrated. Their idea of the way to do a letter was to write it in the rough more or less as they had interpreted my words, and then bring it to me to correct. I had never corrected a letter in my life, and didn't intend to start at that time. Lola Winters and Maud Fairbairn had spoiled me. I probably was very, very unpleasant with those girls from the Pool. They came and went like traveling bumblebees and, as far as I was concerned, they were just as much of an irritation as a bumblebee in my office would have been.

I called the Chief of Personnel and told him I wanted Miss Winters brought down on an appointment. He was very polite and completely correct in bureaucratic terms.

"Has she sent in a Form 57?" he inquired.

"No," I said, "she hasn't. Maybe you'd better send her one."

The Form 57 is the monstrosity every applicant for government employment has to fill out. It takes the average person a week, but Miss Winters got hers back in a few days and I took it down and left it with the Chief of Personnel. The next day he came to my office and said he was sorry but they could not appoint Miss Winters.

"Why not?" I said.

"She has no military status or Civil Service status," he said.

"Well," I said, "I have no Civil Service status either and damned little military status, so you go up to General Bradley and tell him I am going to be compelled to take a train home about tomorrow night unless Miss Winters is hired."

By some means—I never asked how it was done—Miss Winters appeared, travel orders and all. From that time on I began to function. That girl did what she had always done in my office. Time meant nothing. She started early and she didn't quit until late.

Meanwhile I had found another stenographer, a little girl named Dorothy Bluestein. It appears she was afraid of what would happen to her when Miss Winters arrived, but those two hit it off perfectly from the start. Mrs. Bluestein was a marvel. She could spell and punctuate. She had good hearing and understood my dictation. What she didn't know about medical terminology, Miss Winters taught her. She came in as a Grade 2 clerk, and when I left the Veterans Administration she was a Grade 7 which she had earned all the way.

One thing I noticed was that at my first press conference after I took the job, I got a pretty sharp going-over by several representatives of Negro newspapers. They wanted to know how I stood on segregation in the Veterans Administration hospitals.

I told them that as far as I was concerned a sick or disabled veteran was a patient, a doctor was a doctor and a nurse was a nurse, and that was all there was to it. That was the way it was with me, and that was the way it was in the Veterans Administration hospitals while I was there, and it still is, and will be as long as I have anything to say about it.

One of the toughest times any of the newspaper people gave me was dished out by a smart young ex-Marine named Sam Stavisky, who covered veterans' affairs for the *Washington Post*. We met at a cocktail party, and his questions really took me apart and put me together again. Thoroughly familiar with the whole sad story of old-style veterans medicine, he knew just where to probe and how to twist the probe. I told him the truth to the best of my knowledge and ability, a method I have always used with inquisitive newspapermen, and never regretted. He said afterwards that he wanted to find out whether I was on the level or not, and I must have convinced him I was, because he was my friend after that.

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That is what we did, and before long I found myself talking on the phone to a very soothing individual named Zimmerman who was an assistant to the President. He admitted that an effort was being made to get the President to veto the bill, and said he would be glad to see us that afternoon at four o'clock in his office in the old State, War and Navy Building. As we stood in the anteroom, we saw a group of men file out, and I said to Dr Beardsley "Now who are they?"

"They're the Civil Service Commission."

"Oh," I said, "that's the way the wind blows, is it?"

In the meantime, I had seen a very attractive-looking young woman sitting at a desk. She was quite apparently Mr Zimmerman's right bower. Having had a real right bower myself for so long and knowing what that meant, also remembering the girl in the first World War who had steered me to the colonel who ordered the shoe-making machinery, I sat down beside her, and very soon found out she was the daughter of one of the professors of pathology at Johns Hopkins and pretty well versed in medical lore. I told her something of the Dean's Committee plan, and promised to bring her a copy of it the next time we came in. Then we went in to Mr Zimmerman's office.

I started in on him with my customary direct frontal attack and what I said was not very complimentary to anybody individually or collectively who tried to keep the Medical Department of the Veterans Administration under Civil Service. It was not long before Mr Zimmerman considered I had insulted him enough so he picked up his papers and slammed them down on the floor. I have always found that Mr Euripides was right when the gods want to destroy a man, they first make him mad. Mr Zimmerman was just mad enough to let the cat out of the bag about where he personally stood on P. L. 293. He took off on a vociferous defense of the principles of Civil Service and why he thought anybody in an appointive job in the government ought to be exempted, winding up with the statement that

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I looked for someone in the regular Veterans Administration organization itself who could help me keep myself and Bradley out of jail, and found the very man in Hawley's executive officer a genial fellow named Robinson E. Adkins. Bob had been around the Veterans Administration a long time and knew just the kind of ornery critter it was. When Bradley had first come in, the reorganized Medical Department had been set up with Hawley in charge of the purely medical and professional aspects. Adkins was to run the administrative side, on the same organization level as Hawley. When he saw what a "two-headed monster" — his own words — this made of the Medical Department, Adkins asked to be put under Hawley as his executive, which was done. This act of self abnegation, practically unparalleled in government circles, tells a lot about Bob Adkins.

Of course I had the strongest backing from the doctors in the Medical Department. They understood better than anybody else what the Dean's Committee plan could mean to the veterans for whose care we were responsible. They knew to their sorrow how bureaucracy and the rules and regulations it feeds on could vitiate a medical program. They had known the discouragement of being fenced in on every side by perhaps well-intentioned laymen who simply could not grasp the fact that a doctor like any other scientist or any other artist, must be completely free to do what he thinks is right. So they made it plain that they were glad to see me slam into the middle of things without regard to where the chips landed.

We all cheered when Congress, just before adjourning for the Christmas and New Year's holidays, almost unanimously passed our bill to take the Veterans Administration doctors, dentists and nurses out from under Civil Service. The measure was called Public Law 293 79th Congress. All that remained was for President Truman to sign it, which he had to do before January 3 to prevent its being nullified by pocket veto, and then the time of waiting and planning would be over. We could go to town. I was really anxious for that moment to come.

Chapter Nineteen

ON THE SATURDAY AFTERNOON before New Year's Day of 1946, Dr Lewis G Beardsley General Hawley's deputy called me on the telephone and asked me to come down to the General's office. I knew by his tone that there was trouble. That was December 29, the first day of an official four-day holiday When I arrived, I found a small group of the higher echelon medical men who were full-time Veterans Administration people standing around with faces a yard long. Dr Beardsley who was afterwards appointed manager of the big hospital at Newington, Connecticut, a man of great personal charm and medical ability was in charge. He told me they had got word through subterranean channels that an effort was being made to frame up a veto for Public Law 293

Nobody there knew exactly what was going on, or how the thing was to be accomplished. Whoever was behind this had bided his time until Bradley was away duck shooting on the first holiday he had had since the start of the war and Hawley was sick in a hospital in New York. In the bureaucratic code of ethics, this is what is known as tactics. I suppose they figured they had nothing to contend with except a handful of politically naive medicos headed by a dumb Swede from the Middle West, and by the time Bradley and Hawley came back, P L. 293 would be dead as a mackerel.

"Gentlemen," I said, "we'd better get moving. And if it's a

veto they're after we'd better start right where vetoes are made — the White House."

That is what we did, and before long I found myself talking on the phone to a very soothing individual named Zimmerman who was an assistant to the President. He admitted that an effort was being made to get the President to veto the bill and said he would be glad to see us that afternoon at four o'clock in his office in the old State, War and Navy Building. As we stood in the anteroom, we saw a group of men file out, and I said to Dr Beardsley "Now who are they?"

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everything P L. 293 aimed to do could be accomplished just as well under Civil Service regulations.

"Who told you that — the Civil Service Commission?"

He replied in the affirmative.

"Well," I said, "I think they are completely mistaken. And I think I m going to get hold of General Bradley and tell him what is being attempted here."

With that, we took our leave.

We trooped back to the office and held a pretty sorry council of war Having been brought home from duck shooting on too many occasions because of private practice emergencies, I thought interrupting Bradley's little vacation was a terrible thing to do to my chief but I got him on the phone and back he came the next day

Bradley immediately made an appointment with Mr Zimmerman, and we went over there that afternoon, Sunday December 30. The general stated very emphatically and clearly that he was not in favor of any interference with Public Law 293 The Veterans Administration hospitals all over the country were now carrying a peak load of 88,000 patients. We were already a thousand doctors short, and the situation was getting more acute with every day of demobilization. There was no hope of taking care of it under Civil Service regulations.

I considered that an excellent statement of our position, but neither Bradley nor I thought we had made much impression. My only success was with the attractive young woman outside, to whom I gave a copy of the Dean s Committee plan.

The next day Monday December 31 Hawley bullied his doctors in New York until they let him out of the hospital, and he turned up in Washington looking as though he were about to breathe his last. The three of us went to Zimmerman s office, and met a Mr Arthur S. Flemming of the Civil Service Commission, a knowledgeable young man who apparently was leading the fight for that side. I have no doubt of his sincere attachment to the principles of civil service, but I could see Hawley who was not feeling any too cheerful anyway hunch-

ing lower and lower in his uniform blouse. When it finally came out that things had gone so far that the veto message was already all typed up for the President to sign, Hawley really blew up.

"If this bill is vetoed," he said, "I'm through that day Regular Army or not." He picked up his uniform cap and said, "And I'm not going to take part in any more interviews. I've told everybody where I stand, and that's where I stand."

General Bradley did not remonstrate with him and neither did I, and we walked out of the office. We drove Hawley to the train, and I went home.

My wife was entertaining a few friends for New Year's Eve. My contribution to the party was a set of choice expletives about Civil Service and allied subjects. After the guests had gone, Laura started to come down with flu, so neither of us slept very much that night, she because of bronchitis, I because of Civilserviceitis.

The next afternoon, which of course was New Year's Day Bradley and I went through another meeting with Flemming and Zimmerman. I will say those two fellows were gluttons for punishment they had been in practically continuous session for four days to have this thing vetoed. We were a couple of pretty discouraged men when we finally withdrew to the Army and Navy Club to get ourselves cheered up a little over a drink. We didn't have much cheerfulness left in our systems.

When I got home it was about seven o'clock, and my wife called down to me from her bed upstairs that the White House had been trying to get in touch with me for quite some time. I returned the call and was connected immediately with Mr Zimmerman who said that his secretary had told him about our plan which both he and Mr Flemming considered a very good plan. In his smooth way he asked if I wouldn't come down and talk this thing over with them some more; he had Flemming there and also the chief doctor for the Civil Service Commission, Dr Harvey

"Mr Zimmerman," I told him, "I have said all that I am

going to say to you in your office. If you want to see me, you can all come up here; and you'd better get something to eat first, because I haven't had any dinner yet."

He said they didn't need any dinner and they wouldn't take much of my time.

They were up at the house in a very few minutes, because it was only a short run by automobile to where we were living on 31st Street. I admitted them and we sat in the front room to talk. It turned out that they had some peculiar ideas about not taking much of my time, because they kept me talking for two hours and a half. It was about ten o'clock, and maybe they thought they had me pretty well weakened by hunger when the subject was very delicately broached that Hawley had said he would quit if the law were not signed, and if he did, would I consider taking his job and being chief? I could feel the prickles starting up on the back of my neck.

"Gentlemen," I said to them, "the minute Paul Hawley leaves here, I leave with him. I do not care about my present position unless I can do a job in it, and I would not take kindly to any suggestion that I might be interested in undercutting my chief." I stood up, "Good night, gentlemen." And I let them out.

My wife, in spite of running a temperature of 102 at the time, had had her ear flapping over the banister listening to this conversation. I was glad I had a witness to it. I went upstairs, feeling pretty mad. My wife climbed back into bed, and I said, "I'd like to let the world know what these fellows are up to. I don't believe they could stand the light of publicity but I just don't know how to get it."

She suggested calling Drew Pearson, who in those days had a fifteen-minute radio program. I said I wouldn't be satisfied with a flash newscast of what had happened. I wanted this story splashed across the front page of a newspaper where it could be read and digested, and I wanted it in the next morning before things cooled off. Then it occurred to me that there was one man in the world who could put this thing in a form that would raise the hair on everybody who knew all the cir

cumstances of the passing of the law and who was a good friend of mine as well as of Bradley and Hawley That was my friend Stavisky of the *Washington Post.*

I called the *Post* and got the disheartening news that Sam was away on a two weeks vacation. Without much hope, I tried his home telephone. God was certainly with me that night: Sam had walked into the house and hung up his hat not ten minutes before I called. So the timing on this thing was dramatic.

I started to tell him the story in brief with a *few* exclamations. He cut me off "Hold it," he said, "I'll be up."

In fifteen minutes, he was standing at the front door where I handed him a highball before he could get his hat off I had one in my other hand, and I still had not had any dinner I sat him down and started telling him the story When I was about halfway through, he said, "Hold the rest of it. Where's your phone?"

I showed him the phone and he called his city room. He summarized the situation very quickly ending by saying he would want a rewrite man in half an hour

He came back and I finished my account while he made notes. Then he left. The next morning there it was in Column 1 on the front page

2 AGENCIES' OFFICIALS OUT TO KILL VA MEDICAL BILL

Civil Service, Budget Offices to Request Truman to Veto It at Last Minute

Sam had told the story completely and had put in a paragraph saying not only that General Hawley would definitely quit his Veterans Administration post if the President should veto the bill and that "many of the nation's top ranking medical men" who had joined the Veterans Administration would go out with him, but that there was "a great possibility that General Bradley himself would ask to be relieved of his assign-

ment," which was true: there was a possibility even though Bradley himself had not mentioned it. The story said we had been "stunned" — as we certainly had been — when we learned that a veto of the bill was being recommended. And it wound up with *the statement that a veto would cripple our whole* medical effort for the veterans, which was the simple fact.

That story really blew the lid off and the roars of anger it produced on Capitol Hill could be heard from one side of the country to the other Senators and Congressmen who were in town began telephoning their colleagues on long distance, and I understand the White House phone was as busy as ours at the Veterans Administration. I went down to my desk the morning of January 2 feeling pretty good. When I *am forced into a fight, I like it to be a real one, and this one was.*

Early that afternoon, General Bradley called me to say that the President, who had been out on the yacht *Williamsburg* writing his State of the Union message all this time, was back, and we were to go over to the White House and present our case to him.

So over we went. The men assembled in the President's office were Judge Rosenman of New York, who was one of the President's principal advisers and writers of speeches, Zimmerman, Flemming Bradley and myself The President was working in the next office and Judge Rosenman got up several times after the argument started and went into the President's office, the door to which was close by his desk.

Mr Flemming, representing the Civil Service Commission, started things off by arguing *for the* veto on *the ground that* what we were proposing could be done equally well under Civil Service rules, so there was no necessity for Public Law 293; furthermore, he declared, if the law were signed it would disrupt the classified services; but if we wanted them to, the Civil Service Commission would ask the President to suspend Civil Service rules for six months while we got our program started.

Bradley was then called on. He turned the presentation over

to me. I began with a very concise statement of the Dean's Committee Plan, and then I said I was interested to hear Mr Flemming say the Civil Service Commission would make a direct request to the President to suspend Civil Service rules for six months. Right there, I said, I wondered why it was necessary to suspend Civil Service rules for six months, if we could accomplish our aims just as well under Civil Service rules. That was a question that Mr Flemming couldn't answer right off the bat.

So I said, "Mr Flemming I understand that in Civil Service you have examinations to pass before you can get a grade or a position. Is that right?"

He said that, as a rule, that was so.

"Well, Mr Flemming let's take this need that I'm going to tell you about now for the Veterans Administration Medical Department. We need a general surgeon, an internist, an opthalmologist and an orthopedic surgeon for a hospital and we want good ones, good enough to be professors of their subjects in first rate medical schools. We don't want just some old men who say they're what we want — we want the best. Who is going to give the examination to these professors that we need in the Medical Department?"

He replied that the Dean's Committees or the deans of the medical schools would of course be authorized to give the examinations.

"Mr Flemming," I said, "will you tell us who examines the man who wrote the book? Because we want the man who wrote the book. We aren't interested in any of his subordinates. When we want a doctor we're going after a top doctor and he isn't going to take any examination from anybody Now Mr Flemming, there's another thing that you have. I've seen the Form 57 that we are all required to fill out to get a position in Civil Service, and which is supposed to give you a description of the man, his abilities and what he has done before. You also have a description of the job to be filled. You try to get the man whose Form 57 comes closest to fitting the job description. Is that right?"

He said that was right.

"Well, then," I said, "look over here." I pointed to a beautiful landscape painting hanging on the wall of the President's office. "Mr Flemming," I said, "would you mind sending to your office for a Form 57 and the other forms you use, and writing on them a description of the man who painted that picture?"

I could see he was a bit flabbergasted, so I said, "Wait a minute, I'll let you off a little easier than that. Write a description of the man you're going to hire to copy that picture so that you can't tell the difference between the original and the copy."

"Well, you can't write a description of an artist, Doctor," he said.

"You're damn right you can't write a description of an artist," I said, "and what is medicine except one of the highest forms of art, working in the most complicated medium in the world — the human body, the human temperament and the human mind? The fact is, if you try to write a description of a good doctor all you can write is a *description of a hack who's good for nothing* except to shuffle papers around the way the medicos in the Veterans Administration have had to do two-thirds of the time up to now. And we just can't run the Veterans Administration Medical Department under that kind of system."

Just as I was finishing up, I saw the President come up to the door of the room where he was working. I doubt that anyone else in the group could see him, because of the angles at which we were facing. Judge Rosenman stepped into the President's office, said a few words, came back and asked, "Is there anything more you would like to say, General Bradley?"

Bradley shook his head. "No, I think we've had it all said. Thank you very much."

We got up and went out together. Mr Flemming and Mr Zimmerman were still there. I had said all I wanted to say and General Bradley had hardly opened his mouth. As we went through the outside office, the reporters surrounded us in mobs, clamoring to know whether General Bradley was really going to quit if the President didn't sign the bill.

General Bradley smiled and looked at the newspapermen and said, "Gentlemen, I'm a soldier. I don't quit under fire."

Under fire was exactly how I felt, like a man crouching down in a foxhole while the shells exploded all around him. And I was very conscious of the fact that history was in the making and we had done all we could about it. We got into Bradley's car. I don't know what public men are supposed to say to each other privately at such junctures, but I know what General Omar Bradley said on that occasion. He turned to me and said, "I think this calls for a drink."

And I said, "General, if you don't know where to get one, I do."

So we went to the Army and Navy Club again and had one ceremonial drink, then back to the Veterans Administration, he to his office and I to mine, to wait. The deadline was midnight the next day and if it went by without the President's signature on the bill, our program would be set back indefinitely—perhaps entirely destroyed, because by the time we could get Congress to act over a veto, we would have lost all our momentum and most of the doctors we needed. About the middle of the afternoon, my telephone rang. I grabbed it. It was General Bradley calling direct as he always did.

"Doctor," he said, "the President has just telephoned personally that he is signing the bill."

The day after P. L. 293 was signed, Northwestern and the University of Illinois put in fifty-six residents at Hines General Hospital without going through Civil Service, and within three weeks of that time the University of Minnesota put in twenty-six at Fort Snelling.

Those were exciting days in the Veterans Administration Medical Department. We had gained our freedom, and Public Law 293 was our Magna Carta. We didn't actually throw the Civil Service rulebook out the window because we were on the eighth floor and it probably would have killed two or three people on the sidewalk, but we felt as though we had. For the first

time, I saw people in the Medical Department throw out their chests and act like men.

The young doctors and the veterans who needed their care were pouring out of the armed services at a tremendous rate. We had to work fast to get the Dean's Committees operating in the rest of the country's medical schools while the good men we wanted as our residents were still footloose and available.

I started with the biggest and what looked like the toughest situation. New York City There was only one Veterans Administration hospital there, up in the Bronx, but there were five independent medical schools, and I mean they were independent. I thought it might be quite a job to get all five deans of five different medical schools to lie down together in one bed and not start kicking each other. So I went to see Dr William C. Rappelye, dean of medicine at Columbia and a vice president of the university whom I knew as a wonderful administrator He steered the united efforts of those five deans towards making one of the finest medical centers in New York out of what had been a very much looked-down-upon institution. I had to make only two more trips up there, to help them iron out a tangle or two, and that was that.

One of the problems that developed in that New York situation, and which I thought would probably be pretty general, was that some of the full-time Veterans Administration doctors were inclined to grumble about their changed status. One of them came up to me in a corridor in the New York Veterans Administration hospital and said, with a good deal of truculence in his voice, "Now that we are out from under Civil Service, what protection do we have?"

I looked at him. "Mister" I said, "you have as much protection as I ever had in my life. You're got something a whole lot better than protection — a chance to make some progress. You'll go up faster without Civil Service because we don't have to ask anybody whether we can promote you or not and *I think probably* you'll go out faster if you don't give the kind of medical service we expect you to give in a Veterans Administration

hospital, because we don't have to ask anybody whether we can fire you or not, either. Does that answer your question?"

He said it did, and I suspect he was telling the truth, because he stayed on, and was one of our best men.

Pretty soon the full-time doctors began to find out how much the residency training program helped them. They saw for themselves how we cut down on their paperwork, and assigned ward clerks to take care of what couldn't be avoided, so now they could spend their time practicing medicine. They saw above all, how the treatment of their patients improved, and that is all that is really necessary with any doctor who is worth his salt. That hospital in the Bronx was one of the oldest in the Veterans Administration. It had been built onto, patched up and remodeled into a gigantic jumble of wards and corridors and ramps. But inside of two months, with all those medical schools and doctors cooperating like blood brothers, the Dean's Committee system made it into one of the outstanding teaching hospitals in New York.

With New York off and running, the next dragon to be tackled was Boston, and I say "dragon" advisedly because from where I sat conditions there looked pretty tough. True, there were not as many deans to be dealt with as in New York, but how in the world could we make a working team out of three medical schools which differed as much in their ideas, teaching methods and staff as Boston University, Tufts and Harvard, especially since Harvard supposedly looked down its nose at the other two, and Boston University and Tufts carried a big chip on their shoulders about Harvard's angle of vision? I took a long breath and flew up to Boston without having made any appointment or telling anyone I was coming, got there about noon, fortified myself with a good lunch at the Ritz Hotel and took a taxi out to start on the dean of the Harvard Medical School.

He was busy and I waited in his anteroom about an hour. It was almost four o'clock before his secretary came out and said that the dean would see me now. I went in and met the gentleman in his dignified mahogany lined office, sat down and gave

him a very brief summary of our plans, concluding with the statement that any responsibility the deans of the medical schools cared to take would be backed up to the limit of the law I think the dean had been rather skeptical in the beginning, but when I was through he said, "Are you in a hurry?"

"No," I said, "I'm not in any hurry I'm just here to see if I can t help you and the deans of the other two schools in town get this Veterans hospital care program established right now and I don t mean tomorrow — I mean right now"

He smiled at that and said, "Wait a minute." He picked up his telephone and called the dean at Boston University who apparently was in a meeting "Would you mind seeing if you can call him out?" the Harvard dean said. "I have something very important to talk to him about."

The Boston University gentleman came on the line and the Harvard dean said to him, "Doctor I have one of the most interesting things here in the way of a medical educational proposition that I've ever heard. Could you meet us at the Harvard Club for dinner tonight?"

Then he called the dean at Tufts and told him the same story So at six o clock that night the three deans and I sat down to an excellent dinner at the Harvard Club, and whatever their reputation for looking down noses and not getting along might have been, there never was a friendlier meal. I told them that we were going to build a hospital in Boston for the care of veterans, and that we would build it wherever the three of them felt it would be of the greatest service as a teaching hospital, and thereafter it would be up to them to staff it and put in programs that would insure first-class instruction to their residents in training

"Well, gentlemen," I said, at the end of my exposition, anticipating a barrage of questions, "what do you say?"

They just looked at each other and said, "We'll do it."

That was the only time I ever had to go to Boston in connection with the Dean s Committee plan. Those three men and their associates took it from there.

With that encouragement, I started calling deans all over the country from my Washington office, and reinforced my telephone persuasions with letters. By that time the plan was getting to be known almost everywhere, and Hawley was selling it in medical talks all over the country The one place where I ran into a stone wall was one where I had not expected any trouble at all — San Francisco. I could make no progress by telephone or letter with the deans of the two big medical schools there, Stanford and the University of California. They simply were not willing to cooperate. I decided I would have to fly out there, which I did.

I arrived on a beautiful day called my two deans and arranged to meet them and some of the leading men on their staffs the following morning in a board room at the University of California.

That left me the afternoon free, and I took a trip to the Veterans Hospital at Palo Alto. I didn't expect much, but that place gave me a shock. They had five doctors there, taking care — questionmark in a very large way — of one thousand patients. The outside of the "facility" was very nice, with well-tended shrubs and flowerbeds, but what went on inside was just beyond description. It was a perfect example of what happens to medicine under the Hines-Civil Service type of regime. The Veterans Hospital in San Francisco itself which was the one I wanted staffed by the two medical schools, both of which are in the city had three hundred and fifty beds and it also had just five doctors on its staff So the medical profession of the Bay area had constantly in front of their eyes two examples of bureaucratic medicine at its worst.

In the board room the next morning, I found myself facing eighteen men, the most distinguished physicians and surgeons in northern California, arrayed around a long polished walnut table in well-upholstered high-backed chairs that would hold a man of considerable pomposity in comfort. After having been greeted by those present who were friends of mine, and introduced to those whom I had not met before, I sat down between the

two deans and stated my proposition, with which they were all absolutely familiar Then they started asking questions. They were the most inquiring, inquisitive, uncompromising group I had ever run into, in this job or my other Their questions were not merely penetrating they were given a twist and dig that I considered entirely unnecessary I wasn t used to this kind of thing, and I didn't like to be put in the position of a supplicant before these men. So I flared up a few times, and finally one of them said

"Look here, Dr Magnuson, we here in this area just don t like the idea of our medical schools and doctors in our medical schools being closely associated with the federal government, and taking care of patients for whom the government is responsible."

And then the whole story came out. It was not merely that they did not want to be connected with any such practice of medicine as they saw in their own Veterans Administration hospitals. These men had persuaded themselves that the Dean s Committee plan was a *beginning of socialized medicine*. So, *to my complete* surprise and horror I found I was being looked on in this place as a sort of undercover advance man for a thing which was absolute anathema to me! Furthermore, their attitude implied that my purpose in coming out here was not what I pretended it was. I had a Washington label on me, so therefore I must be up to something bad.

We had lunch in that room and that was a pleasant interlude because for the moment those men regarded me as myself and not as an agent of the Devil. Then they telephoned their offices and got some of their private business straightened out, and we started in again.

Finally about five o clock, I was just about fed up with my friends and those who had proved to be not so friendly in the discussion. I leaned back in my chair, folded my hands over my front and said to all of them, "Now listen, you birds, I've talked all I m going to. I ve tried to tell what we are attempting to do. I believe that this would be a tremendous advantage to your young men who come back from the armed services, whom

you have partly trained and who want more training. You can't give it to them in any of your civilian hospitals or any place else that I know of. Here's a chance to do it. I'm telling you that General Bradley says and General Hawley says we can do this on the same basis that you are practicing medicine in your university hospitals and I believe that they are going to back us up. If they don't back us up I'm out, and if they don't back you up, you can get out any time you want. But this is a time when we'd better go to work and make something of what is being offered to us. You've got a hospital here which is easily accessible to both of your medical schools and you can set up your own teaching program and appoint your own staff. Now when do we go to work?"

There was a minute's silence and then the dean of the University of California Medical School said, "How about eight o'clock tomorrow morning?"

Nobody ever saw such a medical program set up in such a short time as the one those men installed in that hospital. In a matter of days, they put in a first-class staff of more than thirty doctors, all but five of whom were residents and attending men and consultants from those two medical schools. The manager of the old Veterans Administration hospital has never recovered to this day; soon afterwards he asked to be transferred to the managership of a hospital out in Montana, a long way from any medical school. I am sure he did well in that post because he really was a good hospital manager—but he knew nothing about the modern practice of medicine or dealing with the professors in the medical schools and the deans in the medical schools who really knew how to put on a training program and take good care of patients.

I was very thankful that that crowd did what they did because soon afterwards my younger sister Ruth's boy Harold, who had come back from being a bomber pilot in the Pacific with just about all the decorations the Army Air Forces could put on his chest, was injured in an automobile accident. He fractured his spine at the eighth dorsal vertebra and from that day to this has never moved a muscle below that point. He was first taken

to a civilian hospital near Sausalito, in a state of severe shock and with little chance of living through the night. Dr Emile Holman, the chief of the surgical service at the Veterans Hospital and professor of surgery at Stanford, came over from his home in San Francisco at midnight, examined him and stayed with him, keeping him alive, until noon the next day when Harold was operated on by a specialist whom Dr Holman called. When he was strong enough to be moved, he was taken to the Veterans Administration hospital for rehabilitation. Some of those same men who had been so doubtful of me at first were in charge. Harold was only off work for a year from the time he was hurt. He drives his own automobile across the Golden Gate Bridge to his office in San Francisco, works a full day as a designer in an advertising outfit and drives his car home. He has barbecue parties in his backyard, he takes complete care of himself; his mother does not have to help him at all. He takes his own bath, shaves himself and performs all the other functions of normal life without ever asking any help. And all that he learned as a result of his treatment in the Veterans Hospital.

He is an example of the kind of thing we were trying to do in the Veterans Administration medical program.

Chapter Twenty

THINGS KEPT HUMMING in Washington. I was moved into a spacious room flanked by two side offices, one for my administrative officer Bob Kevan, and the other for my medical assistant, Dr Edward Harvey Cushing Miss Winters sat in my office with me. I felt safer knowing she was there with a weather ear out for what I said and what other people said. Her notebook was always handy and she could take a conversation down as fast as anybody could talk nobody ever had any better insurance against being misquoted. She and Mrs. Bluestein got more work done than any other four secretaries in the Veterans Administration, and it never had to be done over Our letters went out properly spelled, punctuated, and addressed they went out on time, which was something rare in any government agency

And now with the Dean's Committees operating all over the country we were a fair target for the politicians. Practically every day some Senator or Congressman called up General Hawley to get a job for a doctor friend who had heard about us and thought he would like to get in on what looked like the gravy train. Hawley always sicked them on to me, which I rather enjoyed, because it gave me a chance to settle the whole thing and do a job of advertising what we were trying to accomplish. Every Senator we could win over to the new kind of medicine we were practicing in the Veterans Administration was that much ground gained. I developed a bit of smooth technic for handling these Congressional gentlemen.

"Yes, sir" I would say "you have a doctor who is an unusually fine man. Well, we certainly need good doctors, Senator (or Congressman, if that's what he was) And we understand that you have a good medical school in your state (or two or three—whatever the number was)"

"We certainly do, Doctor!" And it didn't take much imagination to see the Senator's chest puffing up.

"Well, we think so, too, Senator" I said. "And we prefer to have the doctors in your state take care of the veterans in your state. We prefer to have the dean of your medical school and his associates choose the doctors who are going to do the work, because we think they know those doctors much better than we do. So just tell your friend to go and see the dean of your medical school, and if the men on the Dean's Committee in your own state think he is the kind of fellow your veterans ought to have taking care of them, they'll be glad to take him on."

"Doctor, if that's the way you are running this thing, I am perfectly satisfied. I'll tell my friend just what you said, and he can deal with the dean of our medical school back home."

And that was the last we heard from that Senator or Congressman about giving a job to a doctor constituent.

My attitude towards rules and regulations being what it was, I was somewhat less than tickled to get a notice saying I was supposed to make out a budget for my department for the fiscal year 1945–1946, on what was called a "deficiency" basis. This meant that I was to prepare a request for an appropriation for money we had already spent, as well as what we were going to spend in the next four months, justifying it with figures, estimates and much more of the same.

I scratched my head and said to myself "Now what do I do?" Well, I knew there was a department in the government called the Bureau of the Budget, and somebody had told me about a man named McNamara who was in it; as a matter of fact, what I had heard was that this McNamara was downright penurious in protecting the government from spending one single cent unnecessarily on hospitals or the care of sick people so

when I picked up the telephone to call him, I was expecting a fight.

"Is this Mr Fred McNamara?" I asked when he came on the line.

"Yes."

I said, "I understand you re the toughest Irishman in Washington."

"Is that so?" he said. "Who am I talking to?"

"You're talking to the toughest Swede that ever came to Washington," I said.

"Oh," he said, "you must be Dr Magnuson at the Veterans Administration!"

"That s right," I said. "I'm calling to see if you have a couple of fellows down there who will go over to George Washington University at eight o clock tomorrow and give my lecture on bone and joint diseases, while I try to make out the budget for this department."

McNamara burst out laughing at that, and it was a friendly laugh. "What are you trying to do, Doctor, kid the Budget?"

"No more than the Budget is kidding me," I said. "You re just as competent to give a lecture on bone and joint diseases as I am to cope with budgetary problems."

He asked what he could really do for me, and I said he could send a man over to interpret for me what it would cost to do the things we envisioned doing and how to arrange for having the interns and residents paid, and all the rest of it.

He said, "Doctor you just say when."

I suggested ten o clock the next morning and promptly at that hour two very nice, smart young fellows came into my office and introduced themselves as from the Bureau of the Budget. I looked at them and said, "Boys, if you know anything about this Dean s Committee plan, what do you think of it? I just want to know whether I'll have to bat you over the head!"

They both laughed and said that wouldn't be necessary they had inspected three of our hospitals and were thoroughly sold on our program. The patients were getting better treatment and

were happier than ever before, and we were ridding the institutions of a lot of deadwood. So they were for us.

They started to pull up chairs, but then they looked around and one of them said, "Where are *your* budget people, Doctor?"

"*My budget people?*" I said. "Who do you mean?"

"Yours, in the Veterans Administration," they said. So help me, that was the first time I had entertained the notion that the Veterans Administration might have its own budget department. They told me the head of it was a man named Sam Moore. I called him and he very affably sent several of his assistants down. There were many problems I had never thought of. For instance we had to decide what we would pay our residents — $2400 a year, $3000, $3300, or what — and we had to think of some logical reason for whatever figure we settled on. Then, when it came to totals, we did not know how many residents to allow for because we had no idea how actively the Dean's Committees were going to function during the balance of the fiscal year which ended June 30. The same sort of factors had to be taken into account for our Rehabilitation Department, in which we would have an undetermined number of physical therapists and then there were the occupational therapists, and the recreational therapists we were going to have in the neuropsychiatric hospitals to provide athletic relaxation for the inmates. These people were all under Civil Service, but the nurses were not, so they and their salaries had to be treated separately. We finally got all these diversities sandwiched in, in such a way that General Hawley could present them in a logical fashion when he went up to the Hill to justify our request for funds.

In the end, some of it was pure guesswork. I remember suggesting that we put in for a thousand residents, and everybody there thinking that was a splendid number and surely conservative enough. As it turned out, we had fifteen hundred residents at work in hospitals in various parts of the country by July 1. They were all returned medical officers from the Army, Navy and Army Air Forces, and they were in every kind of service: psychiatry, neurology, tuberculosis, internal medicine, general

and orthopedic surgery dentistry and oral surgery Those Dean's Committees were really doing their jobs, and the residents program was a real success.

We gave these young men responsibility under supervision, as fast as we could, and they throve and developed on it. Not only did they do good work, but they brought a new kind of spirit into these hospitals.

Complaints about the treatment of veterans stopped almost entirely Congressmen for the first time in history began getting letters praising the conditions in our hospitals. In fact, we had so many enthusiasts for our brand of government medicine that I was scared for a while that we had actually done what my San Francisco friends had been afraid of — given aid and comfort to those who wanted to bring all medicine under government control. But the fact was that what we had was not government medicine or socialized medicine at all, but private medicine at its best, being practiced in government hospitals.

The magnitude of the thing was really something Congress had authorized a total Veterans Administration hospital capacity of 147,000 beds. When Bradley had taken over as Administrator, the Veterans Administration had had 83 339 beds in 98 hospitals. Of course a "bed" in hospital terminology means not only the bed itself in which the patient lies, but everything that makes it possible and profitable for him to lie there — the building with all its utilities, the operating rooms and laboratories, the kitchens and serving pantries, the staff quarters, the recreational and rehabilitational facilities. During the next two years, we were going to have to acquire more than 63 500 additional beds. Some would be in existing hospitals which we would take over from the armed services others would be in brand-new hospitals which we would have to build, or in additions to existing hospitals. The original appropriation was the modest sum of $448,000,000 the total cost was estimated at well over a billion dollars!

The trouble was that there were too many people — certain members of Congress, political and civic leaders in various cities and states, and above all, quite a few of the nonmedical ad-

ministrative people in the Veterans Administration — who did not understand that a hospital is a great deal more than just a pile of bricks and masonry and boards, covered with a roof and stuck down anywhere.

A lot of people wanted us to settle for things like the Army's Valley Forge General Hospital, outside of Philadelphia, or Schick General Hospital in Iowa, or Camp White in Oregon. Why the Army ever built hospitals like those I don't know I remember one of the Pennsylvania Congressmen calling me:

"Why Doctor wasn t Valley Forge Hospital, during the war one of the most famous hospitals in the country? Wasn t it publicly acclaimed in newspapers and magazines for the outstanding work it was doing?"

"Yes, sir," I said, "it certainly was, because the Surgeon General had staffed it with outstanding doctors from civilian life who were commissioned in the Medical Corps. But now those doctors have gone back to their civilian practices, and that place is just so many one-story wooden barracks buildings spread out horizontally all over Hell's half-acre, only it s more like Hell's fifty or sixty acres. It has maybe eleven miles of corridors. If we want to send a patient to be X-rayed, he may have to be wheeled a mile and a half from his ward to the X-ray room, and he can t take himself that far if he deserves to be in a hospital at all, so it requires an orderly to make two round trips for him to get his X ray It will cost the taxpayer twelve fifty a day for every patient there, instead of the seven dollars and eighty-five cents a day it costs in our modern vertical hospitals. A doctor who works nine hours there may spend three of those hours walking those endless corridors and ramps going from patient to patient. Maybe the armed services during the war had so many doctors they didn't mind wasting their time and the taxpayers money that way But, Senator this is peacetime and this is the Veterans Administration we ve got a lot of veterans to take care of and we can t afford that kind of luxury if that's what it is.

That was the kind of talk the Congressman understood. We heard no more about Valley Forge.

The arguments that were a little harder to win were the ones about the locations of our new hospitals. In many cases the land had already been bought, back in the Hines era. It was difficult to make some people see why we should abandon these sites, which were invariably out in the canebrakes, and buy new ones in expensive downtown locations.

The city of New Orleans, for instance, had presented us with a most attractive site, free of charge. It was a long way north of town in the direction of Lake Pontchartrain, and when I went out to see it I considered it a pretty good swamp. We drove back downtown, and I suggested that we take a look at the great Charity Hospital of New Orleans and the Truro Clinic, both within a few blocks of the medical schools of Louisiana State and Tulane universities. Right next to them I saw a great big beautiful area of land with nothing on it but some ugly gas tanks which were mainly polluting the atmosphere. So I said in a reasonably loud voice, "Do you suppose they're going to keep those smelly gas tanks in the middle of town forever?

Drs. Alton Ochsner and Guy Caldwell gave a cocktail party that afternoon at Dr Caldwell's house, where I met a number of charming people. For some reason, I found myself sitting with Mr Morrison, the Mayor of New Orleans, in a little side room, each of us with a glass in hand and nobody else around. So what was more natural than for me to burst forth with what we had in mind for a Veterans Administration hospital and the reasons why we had it in mind? And of course I asked him about the gas-tank property

He inquired whether I could conveniently come to his office the next morning which I very gladly agreed to do.

On my arrival there a courtly gentleman was introduced to me as the president of the gas company Another gentleman was introduced as the editor of the *Times Picayune* Without delay Mayor Morrison brought up the question of the gas company's property and the Veterans Administration hospital.

I had no authority whatsoever to make any agreements about the purchase of real estate or the location of hospitals, but before

we got through with that conference that morning a price had been put on the gas company's land, which Mayor Morrison said was little more than token payment for property in that location. I said we would buy that land.

The next day the newspapers announced this on their front pages. I cut the stories out and sent them to General Bradley and General Hawley without apology

The Construction Department of the Veterans Administration, which was responsible for real estate purchases, practically threw a double back somersault, and inquired what authority I had. My reply was that I hadn't any but maybe General Bradley had some.

Then to add insult to injury the contract for the architectural work was given to a Washington architect and not to the Construction Department. This was lese majesty in a big way

But that former field of gas tanks is where the five-hundred-bed Veterans Hospital in New Orleans stands today

Our Assistant Administrator for Construction, Supply and Real Estate, whose job was just what his title implies, was unhappy about this, but then that gentleman was never very happy about my actions anyhow He was a charter member of the bricks and mortar school. To him, a hospital was a certain number of wards and a certain number of operating rooms, and no bunch of meddling medicos, or any professional hospital architect they might want to consult, was going to butt in and tell him and his Civil Service architects it was something else. He was an Army engineer and I am sure he knew a lot about dams. But damn little about hospitals.

When we asked him to have his department submit their architectural plans to us, the best he would offer was to let us have them for a maximum of three days, and this only after they had reached a fairly final and permanent form. He complained that every time his people had a plan drawn up, the doctors wanted to change it. That was probably true. If a man and his wife have a hard time agreeing on the design of a seven-room house, it is easy to see what a vast amount of adjustment and

accommodation enters into the designing of a hospital of any where from five hundred to a thousand beds.

One of the marvels of the world is the design of the kitchens and dining rooms of a great modern hotel, in which everything is as precisely arranged as human ingenuity can make it, and the time required to bring the food from the pot on the stove to the plate in front of the guest is calculated down to the last second. Perhaps the finest example of this sort of thing is to be seen in the way they serve a huge banquet, and sometimes three or four banquets simultaneously at a big hotel like the Waldorf Astoria in New York — a staggering accomplishment. Yet a big hospital must give five hundred or a thousand patients, many of them on tricky special diets, what amounts to room service three times a day! You not only have to have specialized kitchens and serving pantries, but you must try to organize your building so that patients taking essentially the same kind of feeding can, as nearly as possible, be assigned to the same floor or wing. You must consider operating room schedules, the need for keeping laboratory tests moving through, the admitting and discharging of patients, plus new developments that are always cropping up in medicine and have to be allowed for.

At the time when we started working on these hospitals, we knew nothing about radioisotopes, which are now basic in every good hospital, and which of course require special facilities. I hate to think of the times we had to go in, after a building was already in use, and rob some department of part of its space to make room for the radioisotopes. The squawks could be heard for miles.

So it was true indeed that the doctors often wanted to change those plans. But the real background was that the laymen in the Department of Construction, Supply and Real Estate were motivated by an intense desire not to let go of any of their authority over the hospitals. If they surrendered any authority or employed outside architects for any of the work, they couldn't justify so many employees, so then people at the head of the department might lose some of their grade in Civil Service,

because a man's grade in most administrative positions is determined by the number of people he "supervises." And so it goes, round and round and round always somebody protecting his own little sphere of influence in order to keep his job and make it seem more important than it really is.

Hawley and I finally got General Bradley to give orders that the plans were to be submitted to us at definite intervals and at various stages of development. Even so it was like pulling teeth, and I hate to think of the times our people in the Medical Department had to work late into the night over plans that had been delayed until the last minute. However, I think we made some real improvements. I remember when we were getting ready to put up a hospital next to Duke University Medical School, the dean, Dr Davison, said

"Why do you put permanent partitions in the offices and research departments? We're continually tearing out partitions and putting in new ones, because as you know the problems change, and a project that needs a thousand square feet of space this month may not need two hundred six months from now Why not make those partitions movable?"

I looked at him and said, "Why have any partitions at all? Why not just install the necessary electric conduits and gas connections around the walls, put in hot and cold water outlets and drain disposal pipes at fixed intervals, and forget the rest? Then when you move in, you can set your partitions whatever way is most convenient." That is what we did.

Eventually we formed a consulting group headed by Carl Erikson of Chicago, who was in my opinion the best hospital architect in the business. One of Erikson's creations is the Veterans Administration Research Hospital next to Northwestern Medical School in Chicago. Here you can see how careful planning helps all the functions that are carried on, from out-patient care of minor ailments to the most elaborate and far reaching research. Everything in that building is designed on the principle that every minute you can save for every member of the medical team, whether he be surgeon, dietician, radiologist, pa-

thologist or nurse, is a minute added to the value of that day's service to the patients. There is no other proper basis for the design of any hospital.

As for what went on inside the hospitals, that was still another problem. One of the first things I did after taking office was to make a number of short visits to typical installations. I came on some very strange outgrowths of laymen's management policies.

One was what was called the admissions ward. This ward took in every patient who was sent to the hospital, regardless of what was the matter with him.

Some of those people had raging fevers, some of them were drunk, some were psychotics, some were acute surgical cases requiring immediate emergency operations, but they were all shoved into the admissions ward to await disposition, if they lived long enough. In any civilian hospital, they would have gone directly to the service — medical, surgical, psychiatric, tuberculosis or whatever — that was going to diagnose their troubles and start taking care of them.

Another example of managerial "efficiency" was the chronic ward. The chronic arthritics were not sent to the arthritic ward, or the chronic heart cases to the cardiac ward — no, once classified as "chronic" they were all piled together in one place. There should have been a sign over the door: "Abandon hope, all ye who enter here," because that is about what it amounted to. There would be a nurse assigned to this ward, and once a day or maybe not that often, a medico in a white coat would walk past, pop his head in the door and say to the nurse, "Everything all right in here?"

The nurse would answer "Yes — nothing new" and on he would go.

Those poor patients were hardly known, as patients, to the doctors in those hospitals. The official attitude was that they were permanent chronic cases, never to recover under any circumstances.

It raised considerable hob to revise this kind of thing but

reverse it we did. I put out an order that in each hospital there was to be a doctor on duty at the admissions door at all hours of night and day to examine each new patient and assign him to the ward and service in which he belonged. In other words, if his trouble was an acute belly he went to the surgical ward and the resident or attending man who had charge of that ward was called immediately just as he would be in a private hospital, and from then on was responsible for that case.

We did away with the bureaucratic nonsense of having the operating room close at noon. We had most of our hospitals set up three operating room crews around the clock, so those operating rooms were ready to function twenty four hours a day or whenever a patient needing an emergency operation was brought in.

As for the chronic wards, I abolished them right away and ordered that all the unfortunates in them were to be moved to the wards assigned to their particular categories of illness or disability. I remember writing on the end of that order: "Please put these patients as near the entrance door of the ward as possible, and tell them to ask the doctor every time he goes by if he can't do something for them." My theory was that they would make themselves so unpleasant to the doctor that he would begin to work on them and see if he couldn't get them cured and out of the place.

That is what happened, too. At Fort Snelling they had a chronic ward with eighty veterans in it who were accepted as permanent full-time bed patients, who would eventually die without ever getting out of bed. Within a year all but twelve of those men were up and about, at least partially caring for themselves. More than half of them had gone home and were accepted by their families, and of those who had gone home, half had jobs of some sort. The doctor who headed the Dean's Committee that worked at that hospital called the result "thrilling." I think it was.

In all the hospitals, patients were being discharged faster, largely because of the way we cut down on the purely adminis-

trative delays. You can't run a first-class hospital when a tonsillectomy case admitted this Thursday can't be operated on until a week from next Monday because that happens to be the operating day of the doctor who has him in charge, and because it takes ten days to complete the paperwork required before the patient can be put on the table. That ties up one bed for ten days for a case that ought not to be in for over four or five days.

The Hoover Commission made a study showing that in voluntary hospitals the average appendectomy stayed 7.1 days, whereas in Veterans Administration hospitals he stayed 11.2 days. It was much the same with other kinds of cases. With Paul Hawley's full support, we threw all the nonsense responsible for that sort of thing out the window where it fell with a dull thud and hasn't been heard from since. In some hospitals, we cut the average length of stay per patient by as much as two-thirds. It worked to everyone's advantage the veteran's first, because it returned him that much sooner to health and useful life.

Eventually we had those hospitals handling 85 per cent more patients than in 1945 in only 44 per cent more beds. I am proud of that.

With this faster turnover allowing the doctors to see more cases and giving them a chance to do better work, the services began to improve. This was true as much in the remote hospitals where we had nothing but full-time doctors as in the ones where the Dean's Committees were working. Those full-time men took a lot of condemnation during the investigation of the old-time Veterans Administration hospitals but it was not true that all of them were poor material. The simple fact was that the system never allowed them time and opportunity to use the brains and education they had.

Those, really as I look back on them, were the golden days in the Medical Department of the Veterans Administration, the days when never a week passed without something new being done, some advance made in the treatment and care of veteran patients. It would not have been possible at all if we had not

had a man like Hawley as our immediate superior and a man like Omar Bradley at the head of the whole show Our goal for the veteran was Bradley's as much as it was ours. He insisted on it as the very least our nation could provide for its fighting men disabled in the country's service. With complete courage and objectivity he did what was necessary to get us the tools to achieve that goal during those first two years after the war And I honestly believe we did achieve it.

Chapter Twenty one

THROUGHOUT ALL THIS TIME, the press we had was good beyond belief. Newspapermen like to be professionally cynical about the motives of men in public office, but it has been my experience that once you prove to their satisfaction that you are trying to do a job and are willing to be frank with them, they are for you. Believe me — witness what our friend Sam Stavisky did for us on Public Law 293 — they can be a big help. In dealing with them, my lifelong habit of saying exactly what I thought in the clearest and most emphatic possible terms did not hurt. I never tried to kid a newspaperman. So, in news stories and magazine articles, they complimented me with such adjectives as "two-fisted," "outspoken," "dry humored" and "hard-driving."

This thing we were doing was really a passion with me. The more I saw of it, the more determined I was to see it through, without regard to the amount of work and worry I had to put into it. One reporter started an article off with the statement: "There are some men whose devotion to a cause sets them on fire. Dr. Paul B. Magnuson has become the 'whirling dervish of medical salesmanship for the Veterans Administration. When he talks about the aims of the Veterans Administration's reorganized medical service as 'the greatest job in medicine today!' his words burn."

And so on and so on.

We had headlines such as "VETS IN HOSPITAL PRAISE BRADLEY" "V.A. BRINGS NEW HOPE TO DISABLED VETERANS," "IMPROVEMENT

IN ALL AMERICAN MEDICINE WILL RESULT FROM COURAGEOUS AND FAR SIGHTED V.A. PROGRAM," "MEDICAL CARE OF VETERANS RATED AT TOP" The *Saturday Evening Post* did a full-dress article on Hawley under the title "Boss Medicine Man," the subheading to which read. "The toughest administrative problem in the history of medicine — that's the job they handed Major General Paul R. Hawley the ex-country doctor who slashes red tape in his battle to give our veterans the best medical care in the world." *Time* called him "Doctor to 4,000,000" and wrote. "Politicians and chair warmers who tried to fight blunt Dr Hawley came out second best. In two years the dynamic doctor has whipped into shape the finest system of medical care in the world." *Collier's* which was still alive and a vigorous magazine in those days, wrote: "Tops among Bradley's achievements is the Veterans Administration medical program, which is so revolutionary as to be almost unbelievable." The *Reader's Digest* gave us a five-page article with the heading "Veterans Medicine: SECOND TO NONE!"

That last was something of a feather in my cap. I am no public relations man — at least I never get paid for it — but it seemed to me that if we wanted the general public, whose money was footing the bills, to know and approve of what we were doing, the *Digest's* tremendous circulation should not be overlooked. So I set forth entirely on my own hook, to see what I could do about it. All I had to go on was the knowledge that the *Digest* had among its editors a woman named Lois Mattox Miller, who was interested in what constituted good medicine. I went up to New York and looked her name up in the telephone book. It was not there. Then I called on the *Reader's Digest* offices in New York, and they said she did not have an office there. Finally through their office out in Pleasantville, I ferreted out where this elusive lady lived in Manhattan, and called her up. She didn't know me from Adam's off ox, but very courteously invited me to come to tea. When I got to the apartment, I met her husband, a senior *Digest* editor named Jimmy Monahan, who has since become a close friend.

That afternoon must have been one of the times when I was a "whirling dervish of medical salesmanship," or maybe it was just that things in our program were at a highly interesting stage. This was June, 1947 The Dean's Committees were in full swing all over the country the new hospitals were going up fast. And there was one other thing everybody knew Bradley had taken the appointment as Administrator with the understanding that he would be allowed to get out of it after two years. The time of his departure was almost at hand. We had no idea who might replace him, and it was terribly important that the right sort of man be chosen. The upshot of that little tea party was that Mr and Mrs. Monahan said they were very much interested in the story and asked if they could see General Bradley and General Hawley

I went back to Washington and arranged with my wife to have a little dinner at our house for the Monahans with the Bradleys and Hawleys, and Bradley's chief of staff Chet Hanson and his wife. The Hansons, unable to find a baby sitter brought their infant son Randy who held forth all evening in a basket on the floor just at the entrance to the living room. I suggested that they might take him out of the draft, but they insisted he was all right where he was, he was tough, he was an Army brat. It was a very pleasant dinner and we had a very fruitful discussion afterwards. My wife and I spent the weekend of July Fourth at Hot Springs, and the manuscript by Lois Mattox Miller and James Monahan reached me there for comment and correction. I rushed it back by special delivery with very few suggestions, one of which was "Do you think you could work in Hawley more and Magnuson less?

They didn't obey that request very well, but it was a fine article. It made what I was told was something of a record from typewriter to newsstand in the *Digest* by being published in the September issue which actually appeared in August. Any magazine man can tell you that was fast going The very last paragraph stated something the truth of which even I did not

fully realize at the time. Here it is, just as Lois and Jimmy wrote it:

> That is why General Bradley's departure and the naming of his successor will be watched with wide concern. The next Administrator of Veterans Affairs will either make or break Veterans Administration medicine. There's bound to be Veterans Administration fireworks next year They'll be either in jubilation or the other kind.

My real hope was that Hawley could be persuaded to accept the Administrator's job if the White House appointed him; but he told me he did not feel up to a post involving so much politics: Bradley's shining armor in the political free for all had been his great reputation, and even that was beginning to show a few dents here and there. And Hawley's many trips all over the country to speak on behalf of first rate medicine for veterans were costing him more money than he was making When Bradley went out, he was going with him.

They very kindly asked me on a number of occasions to talk over with them the names of various men who had been suggested for the top job. Bradley had several consultations at the White House, and Clark Clifford, who was President Truman's right-hand man at that time, came to Bradley's house for lunch one day There were five or six of us present, and we went into the whole matter pretty thoroughly The man for the job, we agreed, would have to be willing to take advice from doctors on medical subjects such as how a hospital should be run and staffed, and how to see that proper care of patients was provided. He would have to understand the advantages of a Medical Department free to be run as a medical department and not tied up in a lot of administrative details, and he must be prepared to support the medical program as it had been developed under Bradley and Hawley The fact is that, although the Department of Medicine and Surgery was only one of twelve major departments in the Veterans Administration, and the Chief Medical

Director ranked at exactly the same level as the Assistant Administrators who headed Special Services, Vocational Rehabilitation and Education, Claims, Insurance and so forth, the hospital program dwarfed all the rest in the amount of money spent, in the service it gave the veterans, and in the impact it had on the public. It was not that we in the Medical Department wanted our tail to wag the dog but we thought the new Administrator whoever he was, had better be a man who recognized that this was a highly unusual dog about eighty five per cent tail.

Clark Clifford seemed to understand us and to approve of our ideas pretty thoroughly He said that was the kind of man the President was looking for too and he would let us know as soon as they thought they had such a fellow in sight.

A few days after this Clifford called Bradley and said they had a man named Carl R. Gray Jr., who he thought would be acceptable to all of us. He was a railroad man of long experience, and currently vice president of the Chicago and Northwestern. During the war he had had charge of railway transportation in part of the European theater with the rank of major general. But the thing that interested us most about him was that he was the brother of Dr Howard K. Gray who was one of the best known surgeons in the country and a leading light at the famous Mayo Clinic in Rochester Minnesota. We felt that, having such a close connection with a great clinic through his brother Carl Gray would probably get the medical point of view. Sad! Sad He got no such thing He not only did not get it at first, but after the bureaucrats had had a chance to work on him for about six months, he began to block the medical program in every possible way not because he wanted to block it, I am sure, but because he was so dense that he couldn't see how his actions were hurting the hospitals, and, in the final analysis, the veterans.

If we had known who had recommended him to the White House in the first place, we might not have been so optimistic about him his sponsor was our old friend Harry Vaughan, whom I personally like very much, but whom I would never call

a great judge of character or administrative ability So we told Clark Clifford that Carl Gray was acceptable to us, and late in November, 1947 his appointment was announced, to take effect January 1 1948. Bradley went over to the Pentagon as Army Chief of Staff; he had been a great boss, as fine a leader as anyone could have asked for On December 31 1947 Paul Hawley's resignation took effect. I missed him. We had been through a lot together He was a fighter and a realist.

On January 15 1948 two weeks after taking office, Carl Gray announced my appointment as Chief Medical Director I took the job under strong urging by Bradley and Hawley with a strong suspicion that I shouldn't. Here I had been away for two solid years. My practice was waiting for me. I had hardly seen Pond Gate Farm at Dundee and I missed it to beat the band. The thing I had come down for in the first place, the establishment of the new veterans medical program, was well started. If I had been a little less of a stubborn Swede than I am, I would have thanked Mr Gray for his confidence in me and declined the position. But I knew that the giant of bureaucracy was only sleeping, or pretending to sleep Given the chance, it would rise up and start undermining all that we had built. With Bradley and Hawley gone, and the new Administrator still an unknown quantity who could be relied on to keep up the fight? I decided to stick around

I stuck around for three whole years.

Carl Gray has been described as affable. His geniality was of the heavy handed kind and he had quite a reputation in some places as a raconteur specializing in railroad stories. I found out early in the game that he was a compulsive talker He could not listen. This was particularly true if anybody had anything sensible to tell him. When he came down to Washington, Bradley offered to fill him in on Veterans Administration problems they spent three days together and I have it on excellent authority that in that whole time General Bradley managed to get in four sentences.

Also — and this is really sad — Carl Gray literally could not

see. In one eye he had only a little lateral vision, and he had not been at the head of the Veterans Administration long before he developed a block of the central vision in his other eye. He was unable to read a typewritten word. Once in a while I saw him get out a big magnifying glass and try to decipher a letter on his desk, but I never saw him finish one. So, the only letters he ever knew about were the ones his staff chose to read to him. He couldn't study a chart in detail, he couldn't get any information except what the bureaucrats who swarmed in his office told him. What that was I had no idea, because I was never invited to one of his staff conferences the whole time I held the office of Chief Medical Director. It soon became obvious that this man who couldn't be bothered to listen to the wisdom Bradley could give him was all too eager to receive the self-serving stuff the old guard of bureaucracy was handing him.

His own brother told me one time, out under the trees at a meeting of the American Surgical Society at Colorado Springs:

"Paul, I've tried to talk some sense into that brother of mine but I haven't been able to make it penetrate."

To which I replied, "Howdie, neither have I."

One of the first matters I tried to take up with him, which I did by means of a four-page memorandum dated February 9, 1948, was the still very touchy problem of the location of the new hospitals Congress had authorized us to build.

We could not do much about some of the ancient barns we had inherited from the Hines era, nor the even older firetraps in such metropolises as Roseburg, Oregon, Togus, Maine, and Fort Bayard, New Mexico, which had descended to us from the time when the old National Homes for Disabled Volunteer Soldiers had been consolidated with the Veterans Administration many years back. But if we sat back and let Congressmen force us to build some of the new ones in equally remote places, we were going to have a lot of fine buildings that would be half empty and we would practically have to shanghai people to work in them. Good doctors won't submit to being buried in the sticks, and if you know anything about young American females, you

can imagine what it is like trying to get nurses to work in a place where there are no boy friends within sixty miles.

"I believe this is the opportune and psychological moment," I wrote to Carl Gray "to take a stand on what the purpose of Veterans Administration hospitals is, and make an issue of whether these hospitals are to be thrown into politics or whether we are going to be allowed to take the best care of our veteran patients with the least possible expense to the Government. We should resist local political finagling that is designed to get some commercial advantage for some small section of the country at the expense of the country as a whole."

I cited a number of prime examples of authorized hospitals which I believed should never be built, one of which was to be a two-hundred-bed beauty in Senator Tom Connally's home town of Marlin, Texas. Another, which I particularly noted at the time, was a hundred-bed project for Miles City Montana, a busy agricultural center of 7313 souls, in the bailiwick of a very powerful man and an Administration stalwart, Senator Murray Altogether these unworkable and unwanted hospitals totaled twenty thousand beds.

This was one of my memorandums that somebody must have taken the trouble to read to Gray because in a few days he asked me to come to his office, and said to me, in the railroad parlance he often used

"Well, Paul, we'll take these places —" he pointed to my list of undesirable sites — "we'll take them and put them on the sidetrack with a hotbox, and we'll forget to go back and call for them!" I accepted that as a firm promise.

Not very long after that, General Gray left Washington on what he announced as a tour of all the hospitals in the Veterans Administration. Nobody else had ever thought it was necessary to visit all of them, but somebody had persuaded Carl Gray that this was his job. It was an incredibly arduous assignment for a man to give himself; I had to admire his courage and confidence in his own physical ability to take that much punishment, but I did not think it showed terribly good judgment or a very acute under

standing of his real responsibilities as Administrator. As inspections, his visits were something. I accompanied him on one or two of them, and others have testified that his procedure was the same everywhere. He would start at one end of a corridor and march vigorously down it, ducking in every door on the right side to give a quick and seemingly penetrating glance at what was going on inside the room or ward. Then he turned around at the end of the corridor and did the same thing at each door on the left side, and continued this until he had been in every room in the hospital. People found this performance impressive unless they knew the truth, which was that he was not seeing one single thing he was looking at, and if he had been able to see it, it would not have meant anything to him, because he knew nothing about hospitals.

I was very busy doing my job. I did some traveling myself—to Mississippi in February, to Pennsylvania and New York in May, to the West Coast in July. I raised quite a row by declaring war on doctors who chiseled on the veteran by such devices as charging him for services for which they had already been paid by the Veterans Administration—and had twenty-six of these skunks exposed and thrown out. Faced with the loss of thirteen hundred doctors who had been on loan from the Army and Navy, I negotiated a deal with the American Medical Association so that residents, who previously had had to leave us after three years to enter their final stage of training as assistants to established specialists, could stay in the Veterans Administration for two years more—we were able to offer salaries as high as $7000. I waged an unsuccessful fight to prevent Congressman Carl Vinson of Georgia, the potent chairman of the House Armed Services Committee, from compelling us to accept the beautiful thousand-bed hospital he had induced the Navy to build in the town of Dublin, Georgia, fifty-three miles from the nearest through-line railroad stop in Macon, a superb building which we were able to supply with everything except doctors, nurses, technicians and patients. I successfully fought off

an effort by a group in downtown Buffalo to prevent the University of Buffalo from building its new medical school next to our new Veterans Administration hospital, as had been promised in advance.

Carl Gray staved away on his marathon inspection trip for nine whole months, making only an occasional brief descent on Washington. During this time nobody in the organization could reach him effectively except the bureaucrats who scheduled his trips and, as it turned out, the politicians.

I have mentioned that the hospital authorized for Miles City Montana, was one of the ones Carl Gray had solemnly promised me he would "put on the sidetrack with a hotbox." He repeated that promise specifically about Miles City one day when our trails crossed in Seattle.

About the middle of September Laura and I went to Europe on a vacation. I was hardly out of the office when Dr Arden Freer acting Chief Medical Director in my absence, got an order from the Administrator's office to submit an immediate report on Miles City I do not like to think that the reason this order came down just then was because I was out of town, but the sudden action *in absentia* is such a time-honored bureaucratic technic that I am compelled to wonder

Anyway the report was submitted, under the date of September 22 It was based on a personal visit to Miles City by Dr E. H Cushing Assistant Medical Director for Research and Education, who wrote that he had called a meeting attended by nine of the eleven doctors in Miles City and they had been unanimous in agreeing that it would be impossible for them to staff a Veterans Administration hospital. In fact they said they were overworked already and the best they could promise was to come in occasionally as consultants. Three of them were cardiac invalids two were over seventy Dr Cushing felt, further that there was no need for a veterans hospital there because good rail connections made it possible to send patients to Helena or overnight to Minneapolis. There was an extreme

housing shortage in the town itself And it was estimated that that hundred-bed unit would cost as much as $50,000 a bed, compared to the national average of $20,000 per bed.

In his letter transmitting the report to the Administrator's office, Dr Freer wrote "You will note that Dr Cushing has recommended that every effort should be made to discourage the construction of a hospital in this locality This recommendation is concurred in by the undersigned "

That report went in, as I say on September 22 That same afternoon, the following priority TWX went out of the Administrator's office

AWW MAIN ER RM 906
VETERANS ADMINISTRATION
SEPTEMBER 22 1948

PRIORITY TWX
THE PRESIDENT
THE WHITE HOUSE
WASHINGTON D. C.

THE INTEREST SHOWN BY THE MEDICAL PROFESSION IN MONTANA LEADS ME TO BELIEVE THAT I WILL BE ABLE TO SECURE SUFFICIENT STAFF TO JUSTIFY OPENING THE PROPOSED VA HOSPITAL AT MILES CITY MONTANA PD WHILE IT IS ANTICIPATED THAT THIS STAFF WILL BE ADEQUATE TO FURNISH FIRST CLASS GENERAL MEDICINE AND SURGERY IN THIS HOSPITAL CMA IT WILL NOT PERMIT US TO PROVIDE THE SPECIALISTS WHO ARE AVAILABLE IN THE LARGER VA HOSPITALS LOCATED NEAR MEDICAL SCHOOLS AND TEACHING CENTERS PD ON THIS BASIS CMA I AM AWARDING THE CONTRACT FOR CONSTRUCTION OF MILES CITY HOSPITAL TO THE LOWEST BIDDER PD CONSTRUCTION WILL BE STARTED AT THE EARLIEST PRACTICABLE DATE PD I AM SENDING THIS INFORMATION TO THE GOVERNOR AND TO THE CONGRESSIONAL DELEGATION OF MONTANA PD

CARL R. GRAY JR.
ADMINISTRATOR OF VETERANS AFFAIRS

When I got back and heard about it, I thought it was quite a considerable hotbox.

However by then it was too late to do anything effective. The foundations at Miles City were already dug I couldn t

undig them. Also, I knew something of the political pressures involved, including, in this case, a certain amount from a Pennsylvania Avenue address.

The hundred-bed Veterans Hospital in Miles City at last reports, had sixty-nine patients, being cared for by a hundred and twenty-two employees. It is a very handsome hospital, as it ought to be at that price. It stands today as a landmark in the countryside; you can see it from the train.

The more our Administrator gyrated hither and yon, the more of these things happened. Finally it got to the point where I thought my only chance of bringing him closer to earth was to resign, which I did in October, 1948. The specific issue was a new hospital which was to be built in Chattanooga, Tennessee. The original plan had been for a five-hundred bed installation there. We had been over it and over it. Senator McKellar and Senator Stewart of Tennessee had come to my office and we had all agreed that inasmuch as we could not staff more than two hundred beds at Chattanooga the best plan was to save the additional three hundred beds for a five-hundred-bed hospital to be built at Nashville, near Vanderbilt University Medical School. *In fact I had personally promised this to the* people at Vanderbilt. So one day I got word that the Construction Department boys were about to let the bids for a five-hundred-bed hospital at Chattanooga!

My letter of resignation reached Carl Gray in Augusta, Georgia. I let him spend a couple of days trying to get me on the telephone, and finally agreed to go and meet him in Atlanta. I never got more flattery in my life, more promises, or more passionate pleading. He actually wept. He assured me things were going to be different. Nothing medical in the future would be done without going through the Medical Department. The Chattanooga hospital plans would be withdrawn for further consideration. I told him to forget the resignation.

In all fairness, the man did keep one of his promises. The hospital planned for Chattanooga was never built at all. But the rest of it, particularly the part about putting medical matters

through the Medical Department, he seemed incapable of carrying out. With all that energy he could not help having ideas, mostly bad ones, and to have an idea, with him, meant to issue an order.

In the files Miss Winters kept so faithfully for me, I find a strange item. It is dated in November of that year 1948; and it is a memorandum of mine, addressed to the Administrator. It begins: "You apparently are a farmer at heart. I am pushing the swine raising industry at my farm as hard as I can." What had happened was that General Gray, stomping through the Veterans Administration neuropsychiatric hospital at Tuscaloosa, Alabama, had been struck all of a heap by the wonderful idea that it would be very therapeutic for the mentally ill veterans if they were all put to work raising swine. His telegraphic message to me amounted to a directive to institute a swine raising project at every NP hospital. My reply expressed with exemplary mildness my fear that if this were done throughout the country and failed to benefit the patients, he might be in for some criticism, and I suggested that perhaps he did not really intend this. Luckily there was no more on the subject of swine.

That didn't mean, however, that Carl Gray was idling on a sidetrack. One day in December the Director of Construction, Supply and Real Estate drifted into my office and said, with what might have been a slightly hangdog air:

"Doctor, we've got to let the contract for that new hospital in Houston, Texas, within the next few days. The bids are all in."

"What hospital in Houston, Texas?" I said.

"Well," he said, "the one that's authorized."

Now, Houston was one place where we wanted and needed a hospital. With Rice Institute and Baylor Medical School right there, staffing would be no problem at all. We in the Medical Department had given our full support to the plan to erect a thousand-bed Veterans Administration hospital there at a cost of $10,000,000 — until we had learned that the authorized site was right across the street from a truly magnificent one-thou-

and-bed wartime Navy *hospital which was now practically* empty We were not the only ones who had been horrified the Hoover Commission had particularly condemned this project as wasteful and ridiculous duplication of the worst kind. The Medical Department had very strongly recommended that the Veterans Administration arrange to take over the Navy hospital instead of building a new one, and I was so sure this had been settled long ago that I had completely forgotten about it.

I looked at the Director of Construction incredulously "The one that's authorized!" I shouted. "*My God, do you mean we're not going to get the Navy hospital?* They unloaded Dublin, Georgia, on us when we didn't want it, they're not going to hang on to this one which we do want!"

He looked at me again, and he said, "That's the orders from the Administrator"

"Thanks for telling me," I said. "Do me a favor and hold those bids as long as you can, will you? Hold them at least forty-eight hours."

He agreed to that and went out, and I suddenly realized that Magnuson had another bull by the tail and no intention of letting go. I picked up the phone and asked for John Steelman at the White House. He was President Truman's "get it done" man, and I regarded him as sincere and effective.

"John," I said, "will you have lunch with me today?"

"I am sorry I can't, he said.

"John, I think you'd better have lunch with me today"

"I'm sorry I have another engagement, I can't."

"*I can't help it, John,* I think you'd better have lunch with me today"

He sighed. "Is it as important as all that?"

"It's twenty million dollars important, and I think you and the President ought to know about it," I said.

He promised to call me back in a few minutes, which he did and we had lunch at the Cosmos Club, which in those days was right nearby on Madison Place. I told John Steelman the story of that thousand-bed Navy hospital, complete with

operating rooms, laboratories, swimming pools and everything the Navy gets — because whatever else happens in this country you can be sure the Navy takes care of the Navy I told him it now had less than a hundred patients, most of them there under contract with the Veterans Administration.

"How far away is the new Veterans Administration site?"

"About five hundred feet from front door to front door, facing it right across the street," I said. And I added that if the President of the United States wanted to authorize spending twenty million dollars under those circumstances, that was his business, but I wanted him to know what was going on.

John Steelman said he would see the President at 4 30 that afternoon. Meanwhile, I went back to my office and decided that now I had started doing what my sense of responsibility dictated, I might as well go the whole way with it. I got out the memorandum I had written to Carl Gray in February and two others on the same subject I had sent him in April and May I called up the Director of the Budget, James Webb·

"I have three letters here that I would like to send over to you. Congress has authorized us a hundred and forty-seven thousand beds, but that's twenty thousand more than we need or can staff Those unneeded twenty thousand beds are going to cost at least twenty thousand dollars a bed, and in my book that's four hundred million. I think, if you read these letters of mine, you will find a way to save this country four hundred million dollars. And beyond that, if we have these twenty thousand extra beds, you can be sure some of them will be occupied by people getting their backs rubbed and three meals a day at a cost to the government of not less than twelve dollars a day per person. You figure it out for yourself Mr Webb, because I never got that high in arithmetic."

I sent those letters over in a sealed envelope by a special messenger

That evening John Steelman called me up at home and said, "The Veterans Administration is going to get that hospital in Houston from the Navy "

"That's great," I said. "Do you know anything about those *other hospitals?*"

"No," he said, "but Mr Webb saw him about those. I don't think he's made any decision yet."

I happen to know that the Navy had everything from the head admiral to a dozen captains over talking to the President about how they needed that hospital in Houston. I don't know why in the world they wanted it, but no part of the government ever lets go of anything They just hang on and hang on, and build up and build up the more they get, the more they want, whether they need it or not.

And a few days after that the Deputy Administrator Gray being still on the road, called me up to his office and told me he had just received an Executive Order from the President to cut sixteen thousand beds from the Veterans Administration hospital building program, and cut them immediately right now A representative of the Bureau of the Budget was there, and we sat in the Administrator's office until nearly midnight that night, cutting off beds. We could not eliminate all the ones I wanted to, because some were in hospitals already started. So we had to get rid of some beds we would have preferred to keep for instance, we had to cut a hospital in Philadelphia, where we had ample medical help, from a thousand beds to five hundred. But we did it.

In spite of all the pressure the Navy brought to bear President Truman stuck to his decision that the Veterans Administration was to get the hospital in Houston, and that is the way it worked out. And in spite of a tremendous hullabaloo in Congress when some of those gentlemen up on the Hill found out their districts were not going to get the lucrative hospital projects they had promised them, he stuck to his Executive Order cutting those sixteen thousand beds. I'll take my hat off to that man always because he never gave an inch in either of those two things. They were what had been shown to him as the right things to do, and they were what he stuck to.

Chapter Twenty-two

ALL THIS OF COURSE hadn't endeared me to Card Gray particularly. It didn't fit so well with the big package the boys on the tenth floor had sold him, which was that every scrap of authority in the Veterans Administration was the personal property of the Administrator: therefore he must not let anybody else get hold of any of it.

The structure of the Veterans Administration as built up by General Hines encouraged this form of megalomania; and General Bradley, a modest man who I suspect had never imagined anybody taking such an abortion of an organization seriously, had not troubled to throw the old organization chart completely out the window. He had attempted to decentralize that vast operation somewhat by setting up area offices in various parts of the country, but the chart, which showed the managers of the hospitals, homes and clinics reporting directly to the Administrator's office and of course taking their orders directly from that source without any connecting line through the Medical Department, was still in existence. Now Gray and his stable of bureaucrats were putting it back into full force.

And I realized what was happening. I went to the President direct, and others also informed him about it.

Soon afterwards the President sent orders to Gray to have the organization of the Veterans Administration reviewed by management engineers, but left it to him to select the group. Gray went away on a free trip on an Army transport.

While Gray was in New York waiting for his free Army transport, he sent back word to his deputy that a man would call on him to outline the plan and he was to follow this man's instructions. I found out afterward that this great administrative authority whom he sent down had been one of the station agents on Gray's railroad.

Five firms, I have been told, submitted their bids on the job of recommending reorganization, when their representatives came down to Washington, they were all asked whether they knew me. And the ones who didn't know me were the ones who got the contract.

It really is amazing the extent to which the boys had sold Gray on his sacred duty to be all things to all men within the Veterans Administration. No pharaoh in Egypt ever pretended to more.

I have in front of me as I write the verbatim transcript of a session he and I had in the winter of 1949 with the Special Medical Advisory Council of the Veterans Administration, a body consisting of some of the top physicians in the country. The chairman was Dr Charles W Mayo. Those men that day put some pretty pointed questions to Gray. They wanted to know what he really stood for as far as the relations between the Medical Department and the Administrator were concerned. These distinguished doctors were asking why in heaven's name it would not be possible and workable for everything connected with the hospitals — design, location, supply personnel and everything else — to be channeled up to the Administrator through the head of the Medical Department, just as in the Army the Navy the Air Force and the Public Health Service all of this was channeled through the Surgeon General, who in turn was held responsible to the head of his service or agency.

These are Gray's actual words: "I correspond in the eyes of the law to the Surgeon General. Rightly or wrongly that's a fact . . . I am, in your illustration, the Surgeon General . . . the law specifically specifies that the *Administrator* shall do so-and-so, the *Administrator* shall do so-and-so . . ."

He kept falling back on this absurd concept. He really thought it was true. On top of that, he kept insisting that all he was trying to do was to free the doctors from being harassed by administrative matters. We told him in clear terms that that was not the point. We didn't want to run the engineering, keep the books or hire the help. That was what the hospital manager was for. But we did want the manager to be responsible to us for how well his administrative procedures served the primary and sole purpose of the hospital, the care of the sick and injured. Everything the manager did affected the medical care in some way. If the boiler was not adequate, our patients might die of cold; if the right kind of flooring were not laid in an operating room, we might have a fatal explosion from static electricity.

But the boys upstairs had persuaded Gray that he was doing us a favor by keeping this responsibility away from us. Here again are his exact words at the Special Advisory Council meeting that day — and I mean *all* day.

> GENERAL GRAY. When I say that I don't want Dr. Magnuson's Medical Department to organize itself to say when new tubes are needed in a boiler at a hospital, or there is that and this about finance, personnel and supply [which] shall be the worry of the doctor who is in charge of the medical care of the patient, that doesn't mean anything other than that he is relieved of unnecessary detail work for which, with all candor, he is not competent to act, any more than I am competent to say, when I look at a man, whether he ought to have his appendix taken out, or be sent to a TB hospital.

And again:

> GENERAL GRAY. . . . the question of when the boiler is to be repaired, when the roof is to be repaired, when the supplies are to be bought and that type of stuff which is simply a service to the fulfillment of the medical program, there is no use bothering doctors with that.

DR. MAGNUSON Well, then, why not let that come up to you through the Medical Department?

GENERAL GRAY What good is there in bypassing through you the question of when the boiler is going to be removed?

DR. KIMBROUGH [one of our Area Medical Directors] The prime purpose of the hospital is the care of the sick and injured. The hospital is the instrument with which this is accomplished. It would seem that the final word in the management of this instrument [should] be that of the individual who is responsible for its application in the care of the sick

GENERAL GRAY what I'm trying to say is to do this I keep my loose change in this pocket, I keep my keys in *this* pocket, and if I want to buy something I know where to go for money If I want to get in the front door I know where to go for the keys. It's as simple as that to me. Honest it is.

DR CHRISTIE [of the Veterans Administration Special Medical Advisory Group] It seems to me that we just now come to the real nub of the question and that is the question of authority — that's what Dr Magnuson has been getting at all the time, of course. Where does the authority lie? Just using your illustration of your keys in your left hand pocket and your money in your right hand pocket, the way it seems to us, you've got a padlock on your right-hand pocket. When you wanted to get your money you've got to get your keys out in order to get into that pocket. That's what you are doing with your medical director You're giving him a man to whom he'll have to go for the key in order to get what he wants.

GENERAL GRAY There's only one difference here. I think I'm commencing to conceive now what seems to be troubling you gentlemen's minds and that is uncertainty I don't sense it and I'm awfully sorry I don't get it! I don't get it! I just don't get it!

He didn't get it, and he didn't get it.

The meeting that day broke up with a conciliatory public statement because I didn't think much could be gained and I

was sure much could be lost by making a public fight in the newspapers out of this. The reporters waiting outside that afternoon were a crestfallen bunch when we didn't give them any sensation for their editors.

During the remaining months of that year and into the following year I kept trying to make Carl Gray understand. I tried to explain to him that if he let the bureaucrats have their way there was real danger that the whole medical program would collapse. I said and wrote to him that if the eight thousand doctors we had under the Dean's Committees, our four thousand full-time men and our twenty-five hundred residents were hampered in their treatment of patients, if they found themselves subordinated to the hospital managers and the lay bureaucracy they were soon going to start to leave, and once that began we — and the veterans — were in trouble.

"If we are going to have a great medical institution," I wrote, "we must have great doctors. And great doctors won't take orders from bureaucrats."

Once I thought we had a little progress, when Gray issued what was known as Circular No. 16, entitled, "The Operation of Veterans Administration Hospitals," containing the key statement:

> Managers of hospitals will be responsible to the Administrator through the Chief Medical Director for the over-all operation of hospitals, and through the appropriate assistant Administrator for technical matters solely under their respective jurisdictions.

Never mind the grammar it was still a good order But when the Philadelphia lawyers up on the tenth floor had had their way with it, this is how it appeared in the Veterans Administration *Manual*

> *Office of the Manager*
> The Manager is responsible to the Administrator for the efficient and proper integration, coordination and super

vision of the operations of the hospital, is responsible to the Administrator through the Chief Medical Director or the appropriate assistant administrator for the proper application of approved procedures and regulations regarding the operations assigned to these officials "

If that isn t bureaucratic language I fail to know it! And of course it put us right back where we d started from.

I had half a dozen chances to mop up the floor with Carl Gray We were clearly in the right. He was clearly in the wrong The newspapers were spoiling for the story I only had to turn in my resignation, stating the reasons for it. But I knew those doctors throughout the country still had faith in us. I might as well be entirely frank. they had faith in me. If I threw the whole thing up and walked out, it might destroy everything we had built so far, and I didn't see that it would be built back up again in this generation. I might lick Carl Gray but in so doing I would run the risk of hurting the welfare of the 108,000 veterans we now had under our care.

So I held my impulses in check. I buttoned my lip. When the Medical Advisory Council and others in the medical program wanted to blast Gray out of the water I told them, "No, don t let s upset everything now Let s concentrate on keeping this thing going in spite of him." Which we did.

I was glad we did, because that was when the Korean war broke out, and the job facing the Veterans Administration Medical Department took on new and larger dimensions.

In the end, Gray licked himself.

One of the concessions we had wrung from Gray was that managers of hospitals would be selected by a committee consisting of the Chief Medical Director the Assistant Administrator for Personnel and the Assistant Administrator for Finance. This gave the Medical Department a one-third vote, and in fact an absolute veto over any appointment we didn't like, because the committee s decisions had to be unanimous. That was all right with us, and it worked very well.

Just before the Christmas holidays of 1950, I was in Florida

on an official trip, heading towards the Negro college, Tuskegee Institute, where we were putting in a residency program with the aid of Emory University in Atlanta and the University of Alabama, from each of which men had volunteered to drive up to Tuskegee once a week in groups of five to teach.

I went down over a weekend to Palm Beach, where one of my staff got me on the telephone from Washington.

He said Gray had just put out a new order that the Medical Department representative on the selection committee for managers and assistant managers would henceforth be the *Assistant* Chief Medical Director

"And listen to this!" he said. He read me the final paragraph of the order which was in these words

> As I desire the personal recommendations of the individuals appointed to this committee, there will be no substitutes or alternates authorized to serve in their stead.

That meant that I couldn t even substitute for my own assistant! I asked my friend to flash the operator at the Veterans Administration, and I told her I wanted to speak to the Administrator She said he was in a staff meeting and I said, Well, you put me through to the staff meeting then."

She did, and after some hemming and hawing I got Gray on the line. I could hear the rest of them in the background, whispering and shifting

"Carl," I said, "do I understand that you ve sent down an order that my Assistant is to replace me on the managers selection committee?

"Yes.

"And that there are to be no substitutions?"

"That's right."

Why I didn t lose my temper I don t know but I never did in really important situations. When I blow my top it s always about losing a shirt-stud or having somebody mislay a paper On this occasion, everything I did was completely deliberate. I have mentioned before that I had a voice with a

lot of power to it; and that day I used it all. I think I could have been heard from Florida to Washington without the telephone. I wanted him to have to hold the receiver away from his ear so everybody in that room up there could hear what I had to say.

"You expect to get away with that order?" I said.

"What do you mean?" he said, and there was a tremor in his tone.

"You know damn well what I mean," I said. "You're trying to put me where nobody would have any respect for me. I'll tell you now you can't get away with it."

"Where — where are you?" he said.

"Never mind where I am," I said. "I'll see you when I get back to Washington, and it'll be a damned unpleasant interview."

I hung up. I went up and finished the work I had to do at Tuskegee. That was one of the most heartening things I ever saw: the way these men from two white medical schools in the deepest South were willing to drive hundreds of miles every week, to give whatever knowledge and experience they had, absolutely free and without the least regard for racial factors, to the Tuskegee medical students. This was the kind of thing we were all working for in spite of those idiots in Washington.

When I got back to Washington in January I called Gray and said, "When are you prepared to see me?"

He stuttered and mumbled something to the effect that he was very busy with a lot of appointments. I said he didn't have a lot of appointments on Sunday morning and I would see him at ten o'clock at the Veterans Administration, which I did. As a matter of fact, I saw him that Sunday and again the next Sunday, which was January 14, 1951.

We sat in his big office, surrounded by the signed photographs on the walls and all the trappings he had accumulated. I laid the straight and simple facts before him once again. I knew he wasn't listening but I told him the truth anyway — that he was completely under the control of the bureaucrats,

and so damn dumb he couldn't see it. I said I was sorry about the blunders he had made, especially his nine-months "inspection" trip which had allowed his palace guard to surround him and persuade him that I his Chief Medical Director should not be present at staff meetings, when the fact was that my function was far more important than all the rest put together because the real duty of the Assistant Administrators was to serve the medical program.

I called his attention to the warped way he had gotten around his paragraph directing the hospital managers to report through the Chief Medical Director

I said, "You thought those were your ideas! They weren't your ideas at all. You've just been led around by the nose."

He started to tell me what a great man I was, how much I was needed in Chicago, how agreeable life would be for me if I went back to my practice and my faculty position at Northwestern.

"Are you trying to fire me?" I said. "You don't dare."

He backed away from behind his desk. "That's insubordination!" he said. "You're supposed to be working for me."

"No, I'm not," I said. "I'm not working for you. I never in my life worked for anybody but a patient. I'm trying to do a job, but it's not for you as a person. It's for the Veterans Administration which you're supposed to be working for too. It's for those veterans out there in those hospitals. Don't you understand that?"

"I understand you're insubordinate," he said. "You'd be better off doing something else—"

"No," I said, "you want me to resign. Well, I won't resign, particularly in the middle of a fight. And this is going to be a fight, it's going to be a real fight." He did not say anything "I'll see you," I said, and started out of the room.

"I suppose you're going out for publicity," he called after me. "If you do, I'll tell some things I know about you."

That brought me back. Looking him straight in the eye, I said, "That sounds like a little attempt at blackmail. You can

tell anybody anything in the world about me I said, "so long as it's true. Because my life is an open book. But if you tell one single lie about me, you'll spend the rest of your days in court. Good-by"

That must have been the first time in Gray's experience that anybody had ever outtalked him, because he was looking mighty flabbergasted when I left him.

I remember getting out of the taxi in front of our house and bouncing up the steps. My wife was there to open the door

"I'm through with that job, anyway!" I said, and really it was like a load being lifted off my back. I didn't have to tell her I had not resigned. She knew me well enough to know I never would have done that.

The one thing I had forgotten was that Gray already had a resignation from me, a written one with my signature on the bottom of it. It was the letter I had sent him back in 1918, and which he had so tearfully begged me to withdraw! Now the bureaucrats were ready to have him use it.

I hadn't been in the house an hour when the phone rang It was one of the newspapers. Gray had just called the reporters in and announced that I had resigned, and that Rear Admiral Joel T Boone was the new Chief Medical Director I was not much surprised, although the completeness with which the job had been done, including the appointment of my successor, was a little breath-taking

When things like that happen in government, it is customary for the ousted individual to make a nice harmless phony statement in which he says that everything is just fine and he is getting out for reasons of health or to return to his private business. I could have done that, and everything would have been sweet and lovely except the medical program and the veterans welfare. But the time for that kind of thing was gone and past forever The fight was in the open now

"Is it true you resigned, Doctor? I heard the reporter ask.

"Hell no! I said, "I didn't resign. I was fired"

So there it was.

It wasn't really much of a fight at that. I hardly had to lift my hand. The newspapers, the Congress and the public came down on Gray like a landslide. I don't think he ever knew what hit him.

"Bad News For Veterans," said the *Chicago Tribune* about my dismissal. "Fraud on the Veterans," said the *Washington Post*. "Blow to Efficiency" said the *Memphis Commercial Appeal*. I didn't write those editorials or inspire them. And I don't think Gray ever imagined the press would respond in such a way. The thing mounted to a storm. The Special Medical Advisory Committee officially joined in the protests.

But what concerned me most just then was my fear that now we really would have wholesale resignations from the Dean's Committee program and from the permanent medical staffs.

That was the very last thing in the world I wanted. My first action on my first day out of office was to write a letter to every doctor in the Veterans Administration. This is the gist of that letter:

> I ask you, as your former Chief Medical Director and as a friend, to give Dr Boone the same loyalty that you have given to me and to the Medical Department in the past. Hold tight and don't rock the boat, this thing is all going to be settled sooner or later. The Medical Department must continue in the future with the same high standards that it has now and has had since this program was started under General Bradley and General Hawley.
>
> Thank you for your loyalty and for your support. I hope you will continue to give it wholeheartedly to the Medical Department of the Veterans Administration and to Dr Joel Boone for the good care of the veteran who is our patient.

There were a few resignations in spite of my appeal but by and large our fine doctors took a grip on themselves and kept on with their work. They knew this was not the end of the story.

The day after I was fired, I got a call from a man representing Senator Hubert H. Humphrey of Minnesota. It was true, Humphrey was from my native state, but I didn't think he had *any great affection for me*, because in my last encounter with him I had successfully opposed him on the building of a hospital in Duluth.

"Doctor," he said, "would you like a full-dress investigation of veterans medicine?"

"I sure would," I said.

"*All right, you'll get one*," he said.

It was really full-dress. A Special Subcommittee was appointed with Senator Humphrey as Chairman. The other members were Senators Lister Hill, Paul H. Douglas, Wayne Morse and Richard M. Nixon. The hearing ran from February 8, intermittently to May 11 The official printed record is 471 pages long *Everybody involved had a chance to get in his* say Carl Gray most of all. The medical profession testified; so did the veterans' organizations and the Hoover Commission, so did I, but the Deans put in the strongest punches. Gray's famous chart of organization with the hospital managers reporting to him without reference to the Chief Medical Director was *thoroughly aired*.

When the official Committee report came out in August, I was truly sorry for Carl Gray It is not often that a public official gets such a massive kick in the teeth or such biting sarcasm as that Committee gave him. Listen to this:

> We are confident that General Gray is perfectly sincere when he insists that he made no major changes in the Veterans Administration administrative pattern. What General Gray does not seem to realize was that by letting all the confused and contradictory and overlapping provisions of the Veterans Administration Manual have full play; by permitting all his assistants to carry out the roles assigned to them by the manual without clearance with or approval of the *Chief Medical Director he had lifted the lid off a* veritable Pandora's box a Pandora's box atop which General Bradley had wisely kept Dr Hawley ensconced for

over two years. It is in this change that we find the basic problem underlying the program's current difficulties.

And this

> We believe that General Gray's inability to realize this until recently is directly traceable to that devotion to the welfare of the veteran which has driven him to spend an overwhelming amount of his time out in the field developing a first-hand knowledge of each of the institutions for which he is responsible. He has been so deep in the woods, clearing out the underbrush from around individual trees, that he has never had an opportunity to see the forest for the supervision of which he is responsible; he cannot have noticed that the plethora of assistant administrators he leaves behind him swing such lusty axes in their attempts to carve out larger bureaucratic niches for themselves that they are rapidly destroying his forest.

Concerning the famous organization chart to which Gray was so devoted, they wrote that it was "an administrator's nightmare." And they said "Yet it does accurately represent the administrative relationships created on paper at least by the men who set forth the functions of each Assistant Administrator's office in the Veterans Administration Manual."

"Obviously," the report says, in somewhat lurid prose, "no medical care program worthy of the name could function on this basis without the rapid development of such confusion, frustration and mismanagement as would quickly wreck morale, drive out competent personnel and rob the program of any possible value to anyone but such selfish incompetents as might be willing to pretend to work in the resulting shambles."

It referred to the setup as "an administrative morass" and called it "This inexcusable situation." As for my part in it, the Committee wrote, "We have nothing but praise for the patience and loyalty with which during those three years Dr Magnuson stood by the program which he had helped to bring into being."

The Committee made five recommendations, the first and

most significant of which was this: "The Administrator of Veterans Affairs should formally delegate to the Chief Medical Director such primary authority as may be necessary to assure his effective control over all policy affecting the care and treatment of patients and over the management and operation of the hospital system, and this delegation of authority should be clearly and unequivocally set forth in the Veterans Administration Manual and in the agency's organizational charts."

The other recommendations, including those for legislative action by the Congress, backed up and implemented that one. In other words, the Committee recommended exactly what I and the rest of the Veterans Administration medical men — you might say the whole medical profession of the United States — had been vainly asking and imploring Gray to do for three solid years.

The end of the story is that within a few months Gray was out. Before leaving, he received the report of the management consultants and twisted it out of all recognizable shape. He had his own bureaucrats write what he dubbed "the Gray Report," which was promptly thrown into the wastebasket by his successor. The chart which is now in effect in the Veterans Administration is as clear as the old one was confused. The managers of the hospitals, clinics and veterans' homes all report to and through the Chief Medical Director. The Medical Department even has its own independent supply service. In the Veterans Administration, the doctor is master in his own house.

So at last I won the fight.

But the forces that came so close to undermining the medical program are still squirming and scratching under the surface. I have mentioned that back in 1948 it was agreed that someday a new five-hundred-bed hospital would be built in Nashville, and I had promised that it would be erected as near as possible to Vanderbilt University. Meanwhile the Veterans Administration and the Dean's Committee at Vanderbilt were still using a rambling old Army hospital several miles out of town, at great inconvenience and expense. One day in the spring of

1958 came the announcement that the new Nashville Veterans Hospital was to be started — but that it would be put on the old Army site!

The people at Vanderbilt were stunned. They said they could not function under such conditions. The Dean's Committee was on the verge of quitting. I took the matter straight to the White House, the only place I thought we could get action. The medical profession swung into action. I don't know who the little bureaucrat was who thought he could get away with this breach of faith, or why he wanted to try. He didn't get away with it. The new hospital in Nashville is going up right next door to Vanderbilt Medical School. That's what I had promised, and I wasn't going to let the government or anybody else make a liar out of me.

The truth is that we can never relax. This kind of thing is going to happen again and again as long as there are people in government and out of it who think they and they alone know what is best for others. We must resist the tendency in ourselves to become complacent and to push things aside as not really our business, or one day we will find that all we believe in and have fought for has been turned into sand that dribbles away through our fingers.

But how completely right I had been in my estimate to Bradley of the devotion of the medical profession to our country and its veterans! Our doctors, dentists and nurses were everything that could be desired throughout those difficult days when we were building from the ground up and then fighting to prevent our work from being wrecked. And so were the vast majority of the other men and women who took part in the program, including most of the hospital managers and all but a very few of the headquarters people. My hat is off to them.

Chapter Twenty three

I WAS GLAD TO HAVE no responsibility for a while. I was approaching the age when I knew I would have to retire, whether I liked it or not. I did some teaching at the Navy Hospital at Bethesda, some consultation work, and some speaking on medical subjects. Late in November 1951 I was spending the weekend with my son and his family on the farm at Dundee. Paul for some time had been in the printing business in Chicago with an excellent firm of which he is now executive vice-president. It is work he enjoys, and at which he prospers. These two things often go together On that Saturday evening surrounded by my grandchildren and with nothing much on my mind except the fact that I had agreed to deliver a talk to a large group of laymen in Kansas City the following Tuesday evening, I was feeling at peace with the world, when my little grandson came running into the living room with his eyes as round as saucers and said, "Grandfather the *White House* is calling you!"

Of course in Washington it doesn't make much impression when the White House telephones because everybody knows it isn't the President that's calling, but out there under those circumstances it was pretty big stuff

This was about eight o clock in the evening which was nine o clock Washington time, and I must admit that I wondered a little bit, walking down the hall, who could be calling me from the White House at that hour It turned out to be a

man named David Stowe, an assistant to the President, and he wanted to know if I could be in Washington to see the President next Tuesday at three o clock. I said I was very sorry but I couldn't, because of my commitment to speak in Kansas City This seemed to upset him considerably He said the President was down in Key West and was coming back to Washington on Tuesday for just that one day and he had something very urgent that he wanted to talk to me about. He wouldn't take "No" for an answer I couldn t imagine what could be so urgent that the President of the United States felt he had to set a particular day and hour but I finally said.

"If the President of the United States wants to see me that badly you tell him I'll be there."

I telephoned Kansas City and told the people who were running the meeting that I would have to be late on Tuesday but if they would postpone the big session that night until 8 30, I would get there by plane from Washington. This suggestion got a decidedly cold reception, especially from some of my medical friends, who had developed a fanatical hatred of Harry Truman because they believed he was bound and determined to force socialized medicine on all of us. They didn't think they should be required to change anything in Kansas City for Mr Truman's convenience. I told them I would see them at 8 30 Tuesday and hung up.

When I arrived at the White House on the appointed day Mr Stowe took me directly to the President's office. I have waited much longer for much less important people. We were ushered in almost immediately The President got up, walked over to the door to greet me, and motioned me to a chair beside his desk.

He said very politely that he understood I had to leave promptly to get out to Kansas City and therefore he wouldn't delay this talk. He had been interested in the health of the people of the United States all his life, he continued, so what he was about to ask me to do was nothing new with him. Then he spoke with great frankness of the bad blood between

him and a large part of the medical profession. He said there was absolutely no truth in the charge that he favored socialized medicine. He was certainly not a socialist, and he did not think anything he had ever advocated ought to be called by such a name. He believed that the whole thing had been blown up beyond all reason by certain people in the medical profession, by some of the newspapers and above all by politicians, until now there was an open break between any ideas he might have and any ideas the medical profession might have.

Nevertheless, he said, it was obvious that there were a lot of people in this country not getting the medical care they needed, sometimes for financial reasons but equally because in many rural and remote areas there simply were not enough doctors. He said he wanted to know just how good and how bad things were, and what could be done about them. How could we get an adequate supply of physicians, dentists, nurses and other health workers? How could we cope with the great shift of population to cities and defense plant areas? What sort of private and public program should be provided for the financing of medical care?

He had decided, therefore, to create a new commission. It was to be called the President's Commission on the Health Needs of the Nation. He wanted it to make a thorough study covering the entire country and bring in a report. It would have one year to do the job. Would I serve as its Chairman?

"Mr President," I said, "may I ask one or two questions?"

He looked at me and smiled, "Go ahead, Doctor"

"First," I said, "is Oscar Ewing going to have anything to do with this? Because I won't have anything to do with anything Mr Ewing has anything to do with." Ewing of course, was head of the National Security Agency and was the principal advocate of compulsory health insurance.

The President leaned back in his chair and laughed heartily with his head thrown back a little. "Doctor" he said, "Oscar doesn't know I'm doing this, and I think he's going to be awfully mad when he finds it out."

"Well, Mr President," I said, "that clears one thing up. Now, who appoints the members of this Commission?"

He said, "I appoint them, but you select them, and I will appoint anybody you select."

"Have you any suggestions as to how many ought to be on it?" I asked.

"I think it ought to be kept at fifteen or less," he said, "because big committees don't work very well. And I have an idea that those you choose will be pretty busy and the meetings will have to be frequent in order to finish this job. It's a tremendous job."

"I agree," I said. "And now Mr President, I have to ask one final question. Is there going to be any politics connected with this?"

"Doctor there will be no politics connected with it at all," he said.

"All right, Mr President, I'll take your word for that," I said, "but you might tell your cohorts that the first time I encounter any political interference they can just count me out."

Then I said there was one additional thing I wanted clearly understood, that I would never permit, or sign my name to, any report or recommendation which I thought would lead towards increased bureaucratic contol in medicine or in the lives of the American people.

The President, with a chuckle, said he felt the same way that some of his cabinet officers had found themselves so wound up in red tape that they couldn't even get a good stenographer He looked at me and said, "Doctor can you decide now whether you can accept this appointment, or would you rather wait a few days?"

I said if he didn't mind, I'd like to have a little time to think about it.

"Well, let me know as soon as you can, please," he said. "We have to get the Commission appointed before the first of the year because it can only run for one year"

We parted on that note. My friends in Kansas City deviled the life out of me to find out what had been so important at the White House, but I didn't tell them. However when I got home I told my wife about it in confidence, and also informed her that Mr Truman was not going to run for office again.

"How do you know?" she said.

"By his insistence that this Commission get its report in before January 1 1953," I said. And that was an accurate deduction.

What I didn t know at the time was that the Commission was going to get me into another fight — in fact, two of them.

It's a strange thing but I am sure I never formally accepted the invitation by the President to head this Commission. In my usual completely informal way when I went back to Washington, I dropped in on Stowe and said, "Where s my office?" and he took me over and set me up in the old State Building at 17th Street and Pennsylvania Avenue. I sent again for Miss Winters, who had returned to Chicago, and the Commission was in business.

The first necessity was to find the men and women who would fit into this picture and give us a broad view of the country s health needs from every standpoint. the general public, labor management, agriculture, education, philanthropy and above all the medical profession which, when you get down to brass tacks, is responsible for the maintenance of health. In one way this Commission was unique. As far as I have been able to find out, this was the first time a practicing doctor who had been on the firing line of medicine had been appointed to head such a body Usually it was some college president or figure in the business world. And that fact under lay the fights we had over this thing because there were those in the medical profession who hated President Truman with such an unholy unreasonable and undying hatred that in their minds a doctor who accepted this appointment was practically self-convicted as a traitor to the profession.

The people I chose were all individuals who had distinguished

themselves in one way or another and who I thought would look on these questions wisely and knowledgeably

For instance, I asked Walter Reuther who was the head of the United Auto Workers, to serve on the Commission. He is undoubtedly a rather socialistically inclined labor leader but he is also a man of great intelligence and I believe of perfect integrity and a humanitarian. He will probably continue to have enemies as long as he is on the opposite side of the fence from some other people who have a lot of influence, and like to have things their own way too I also approached a man named Albert J Hayes, President of the International Association of Machinists, who, as I happened to know had done a wonderful job in helping ex-convicts to become rehabilitated. Al Hayes had done this so quietly that almost nobody had ever heard of this phase of his activities. So these two men were asked to serve and they did serve.

It was really a tremendous group of people. I got Lowell J Reed, Vice President of Johns Hopkins University and Hospital, Clarence Poe, Editor of *The Progressive Farmer* in Raleigh, North Carolina, Chester I Barnard, President of the Rockefeller Foundation, who very kindly consented to serve as our Vice-Chairman, Dr Joseph C. Hinsey Dean of Cornell Medical School, who is a Ph.D not an M. D.; Charles S. Johnson, President of Fisk University Elizabeth S. Magee, General Secretary of the National Consumers League· and from the medical side of things, Dr Dean A. Clark, General Director of Massachusetts General Hospital, Dr Donald M Clark of Boston University Dr Russel V Lee of Stanford, who was one of the Board of Governors of the American Medical Association Dr Evarts A. Graham, Professor of Surgery at Washington University in St. Louis, Dr Lester W Burket of the University of Pennsylvania, Dr Ernest G Sloman, Dean of the College of Physicians and Surgeons in San Francisco, and last but far from least, Miss Marion W Sheahan, Associate Director of the National League for Nursing

And how that bunch worked! I have to say a special word

about Miss Sheahan. She was a woman with a lovely personality and a great deal of charm, but could she ask direct questions and get to the bottom of a matter! I felt after we had had a few meetings that this woman and Walter Reuther had two of the most penetrating and analytical minds with which I had ever come in contact. They could listen to a three-hour discussion by a dozen people and then in fifty or a hundred words sum up everything that had been said that was worth remembering.

Russ Lee, whom I had not known before, turned out to be a dynamo. He had more good ideas than a dog has fleas, and proved to be a salesman and promotor of the first water when it came to selling those ideas. He was one of the commission's stanchest supporters and hardest workers. Many many times he traveled from San Francisco to Washington on a night plane yet always seemed to be bright and energetic the next morning. I think his secret was that he always had beefsteak for breakfast.

So we had quite a crowd. But before we even got started on our schedule of work, which Lowell Reed had laid out for us with consummate skill, we were involved in a noisy row.

I decided, in order to round out the Commission, to try to get an old friend, Dr. Gunnar Gunderson, whose father and brothers were doctors, and who was the head of his own clinic in LaCrosse, Wisconsin. Gunnar was a trustee of the American Medical Association. I didn't call him in that capacity; I called him because I knew he was a two-fisted doctor who was familiar with the practice of medicine and its wide and varied problems, both from the doctor's point of view and from that of the people living in the typical American area from which he drew his practice.

When I talked to him on the phone and told him what was up, he said, "Paul, I think I'm with you, but I'd like to see a copy of the President's directive."

I was in New York at the time. This was a Thursday just a couple of days before New Year's, the deadline for complet

ing the lineup of the Commission. I had an appointment that evening to see Mr Barnard in his offices in Rockefeller Center It was late by the time I got back from that appointment, and, what with one thing and another although I tried every way I knew how to, it wasn't until Friday afternoon that I managed to get through to Stowe and tell him to send a copy of the President's directive to Dr Gundersen, air mail special delivery which he agreed to do.

Then Stowe said that if the Commission was complete, they'd better send out the appointment notices immediately so the whole thing would be wrapped up before the first of January

The notices were sent out Saturday morning, air mail special, which was about the fastest I ever heard of the White House working on an invitation, and a copy of the directive was enclosed with the invitation to Dr Gundersen. Of course air mail get through very quickly between main cities, but sometimes when one is in a smaller city it is no faster than train mail and it happened that in LaCrosse there was no special delivery service over the weekend, so Dr Gundersen didn't get his letter until Monday Meanwhile, the Sunday newspapers had a full announcement of all the people on the Commission, with Gundersen's name among them. That was bad enough. What was worse was that for some unknown reason the story said Dr Gundersen had been appointed to represent the American Medical Association, which was absolutely not the case.

Instantly three or four of the trustees of the American Medical Association who lived in various parts of the country got together on a round robin telephone connection, and decided, I think quite justly that inasmuch as it had been printed that Gundersen was going to represent the American Medical Association, even if this was without authority it would be best if he did not serve. So he issued a statement to the press and sent me a telegram saying he felt he had to refuse the appointment.

I was sorry about this, but what happened next was pretty sad. The then President of the American Medical Association was Dr John W Cline of San Francisco. He is a very good

surgeon, but I don't think he represented our profession wisely He came *out that Tuesday with a statement in which he — and he was* speaking for the American Medical Association — violently at tacked the Commission and the President for appointing it, and referred to me as the unwitting dupe of a "socialist administration." This nonsense brought down on the whole medical profession a storm of criticism in the newspapers. After all, the Commission hadn't even got off the ground, and in view of the number of men on it and their reputations, not to mention my reputation that I had made in forty years of practice and in my work in the Veterans Administration, such an attack by the President of the American Medical Association was definitely uncalled for

Actually it didn't hurt the Commission at all. We got rolling As President Truman had said, it was a tremendous job. We had a hearing every two weeks, to which we brought in the best experts on every phase of this problem we could get. Everything that was testified was taken down verbatim by a public stenographer Everybody who participated was allowed to see what everybody else had said, and was given a chance to correct his testimony so that nothing would appear in the report which had not been checked by the person who had said it. There were plenty of disagreements, because this was no bunch of softies, and nobody including me was telling them what to think, but I wanted to be sure there was no opportunity to misquote or misinterpret.

Nothing could stop our friend Dr John Cline, however In June the American Medical Association had its big annual meeting in Chicago, and Cline arranged to have one of the delegates *propose a resolution again condemning* the Commission as "politically motivated" and attacking me personally for having accepted the chairmanship. Some time previously the A. M. A. had appointed a firm of publicity people to help fight the supposed threat of socialized medicine; and I believe they were in the background of this headline-hunting move of Cline's. When an A.M.A. president *has* a resolution *introduced*, it

ordinarily passes. The only thing that stopped this one at the morning session was that Russell Lee was there and got up on his hind legs and very strenuously objected to it. On being brought up again in the afternoon, it was referred to the Committee on Public Relations.

I did not know a thing about all this, because I was not a member of the House of Delegates, and while all this was going on I was in my office at 700 North Michigan Avenue working on plans for establishing a Rehabilitation Institute in Chicago, a project which I had had on my mind for quite some time. About six o'clock I got a call from Roy Gibbons, the excellent science writer of the *Tribune* whom I knew well as one of the ablest journalists in town.

He asked me what I thought of a resolution which had been introduced in the American Medical Association House of Delegates by Dr Cline.

"What resolution?" I said.

Didn't I know about it? Roy asked.

"No, I don't," I said. "What is it? Have you got it there?"

He said he did and I told him to read the thing to me, which he did. When he was through, he asked me what I had to say about it.

"Oh," I said, "they've been shooting at me for a long time, but nobody has hit me so hard it hurts." I added that I would stand on my reputation and my record of taking care of sick people, and nothing the A.M.A. hierarchy could say or do at that point was going to have any effect on what I did or thought, or probably on what anybody else did or thought.

At six o'clock in the morning Russ Lee telephoned me at the farm and said, "Paul, you'd better get down here this morning and defend yourself."

"For what?"

"For telling the American Medical Association to go to hell."

"I said no such thing Russ," I said. "I only suggested I didn't give a damn what the A.M.A. hierarchy — meaning John Cline — said or did."

"Nevertheless," he said, "you d better come down and apppear before the committee that s hearing the case."

"Russ," I said, "I will not come down and defend myself If the committee wants to get the truth from me, the chairman of it can invite me in proper form."

The invitation was forthcoming by the time I reached my office in Chicago The chairman suggested it would be nice if I met them at eleven o clock in a certain room at the Palmer House.

When I got to this room at eleven o clock, I found a small piece of paper pinned to the door, saying that the committee had adjourned to the Gold Ballroom, from which I knew that this thing had ballooned up to something pretty big

As I came in the rear of the Gold Ballroom, the chairman noticed me and asked the speaker on the platform if he would yield until they had heard from me, which he very kindly did. I walked up that long aisle in a silence so solid you could have cut it in chunks and thrown it out the window I stepped up on the platform, took my position behind the podium, turned and thanked the chairman and the committee for allowing me to come and tell the story of the Commission and where I stood. Then I swung around to face the audience.

I took a moment to look out over them from right to left and back to the center then with a broad smile I said to them, "*Gentlemen*, I *never thought* I was anything but an ordinary hard working doctor doing my job, and yet apparently the President of the American Medical Association, the House of Delegates and the Board of Trustees spent all day yesterday in this, the greatest medical meeting of the year talking about what Magnuson did, what Magnuson said, what Magnuson was going to say and what his intentions were. You have my ego blown up this morning so I can't spit over my chest!"

That got a little snicker and I started at the beginning and told them the whole story of the Commission and my part in it, commencing with my *little grandson coming to tell me the* White House was on the phone and including everything that

had been said between the President and me, and just how I had selected the people to invite as members of the Commission.

Then I said I thought the kind of headlines John Cline and his resolution had produced didn't advance our fight against socialized medicine in the least, but just made the medical profession itself look foolish.

"Anyway," I wound up, "I don't believe we need any hundred-thousand a-year publicity outfit to keep our patients from biting us in the leg. As far as I'm concerned, I don't have any patients that seem to want to bite me in the leg and I don't think you do, either. My opinion is that as long as we take care of our patients honestly, charge them reasonable fees and do good work as part of our communities, we will never have to fear for our future. The world needs good doctors, and if we're good ones, we don't have to pay anybody to protect us."

I bowed to the chairman behind me, and offered to answer any questions anybody wanted to ask me. At that, one of the trustees rose and came down the aisle to the platform, waving a small clipping from some newspaper.

"Doctor," he said, "your Commission has been furnishing interim reports to the President, has it not?"

The implication behind this was of course a serious one. If we were furnishing interim reports, which we certainly were not, the Administration might have a chance to edit anything it didn't like in our findings and in this way turn the final report into a political document.

"Doctor," I said, "we have never sent a report of any kind to the President, and have no intention of giving any of our findings to anybody until they are published in final form, which won't be until six months from now."

"But here's a clipping that says you are sending interim reports," he insisted.

"I don't know anything about it, and I don't know who gave it out," I said, "but it's completely false." I called on Russell Lee, who was in the audience, and he said he had never heard of any such thing.

So then the doctor with the clipping persisted. "But you had a meeting with the President last week."

"Yes, we did," I said. And I told him what it had been. When the Commission had first been formed, the President had offered to come and meet the members. At that time Winston Churchill was in Washington, and the President was also in the midst of preparing both his State of the Union message and the Budget for Congress, so I had suggested that he receive the Commission at a later and more convenient time. That was all our meeting with him this past week had amounted to. We had met with Mr Truman in the Cabinet Room at the White House, in the friendliest and most informal fashion imaginable, and we had not discussed anything at all about the report.

"Doctor" I said to the gentleman waving the clipping "maybe you and I and the American Medical Association are all in the same boat, prisoners of our public relations. Let's get rid of the whole bunch."

That got a laugh out of the audience and my friend with the clipping went back to his seat and sat down. There were a few more questions, none of them amounting to much, I bowed to the chairman again and departed. As I walked back up the center aisle towards the door the whole audience, at least all of them that I could see, stood up and clapped until I got to the outside door It was a very gratifying experience, because I felt that my colleagues believed me, which meant they were believing what was the truth.

There were no reporters in sight at that session, but they were all on hand that night at the dinner of the National Association of Science Writers in the same hotel, where I had th honor of being the speaker I repeated what I had said to the delegates about the medical profession not being bitten in the leg and expressed the view that passing an adverse judgment on the Commission before it had had a chance to do anything was unfair and un-American.

The papers the next day said I had "struck back at" my "critics in the American Medical Association." Whether I did

or not, there wasn't much fight left in them. They had to pass some sort of resolution criticizing the Commission, of course, or leave their retiring president hanging upside down in midair but what they came out with was a pitifully weak and watered-down thing compared to the blast John Cline had first tried to put over, and it tiptoed clear around me, not mentioning my name or even inferring that I existed.

The trouble in the A.M.A., as in many other big organizations, is that a small group gets control and uses the organization to advance its own special ideas. I will always be against that, because it can put all the members in a bad light. If more of the disputes that come up in medicine were thrashed out with the average doctor there would be fewer misunderstandings and the hierarchy in the American Medical Association would have a little more difficulty in directing policies for the whole profession. At any rate, that was the last time as far as I know that John Cline and the Board of Trustees of the American Medical Association had anything to say for or against our Commission. Also I noticed that there was no $100,000 for a publicity firm in the next year's budget.

When we brought out our report, it didn't make much of a sensation. There certainly was nothing socialistic in it or anything calculated to whip up a big fuss in the newspapers. Mostly the press, including the *Journal of the American Medical Association*, called it a "middle-of-the-road report." We tried to make it a substantial, thoroughgoing, well-documented study of the problems, concluding with recommendations which were realistic and feasible. We had a few dissents on certain points, especially the very controversial issue of how personal health services could be financed. Al Hayes, Miss Magee and Walter Reuther dissented in favor of recommending a National Health Insurance Act, which the rest of us had rejected. Joe Hinsey wanted greater protection for the doctor's freedom to practice as he chose. But by and large we had remarkable agreement among so many people of strong minds and personalities.

How successful we were, I don't really know except that I

was informed by people at the White House that when Mr Truman went out of office and had his desk cleared for his successor's use, the only thing he left for Mr. Eisenhower was our *Report on the Health Needs of the Nation* lying face up on the desk, right in front of the Presidential chair

Some time later, Mrs. Oveta Culp Hobby our first Secretary of Health, Education and Welfare, told me at dinner one night that it had been her Bible ever since she had taken the job. So maybe it has done a little good, and maybe it is worth the work and worry we all put into it and the fights it inspired. I'll say one thing about it. insofar as we could make it so, every word in it is the truth.

Chapter Twenty four

I WAS ALREADY AT WORK on another undertaking — my attempt to establish a first-class rehabilitation center in Chicago.

For a long time, in fact most of my professional life, I had thought we were not doing nearly as much as we could for people who had been disabled by illness or injury. If a man pulled through a heart attack, or his life was saved by cutting off a leg, his doctor considered him "cured"; but in the eyes of the community he was a cripple or an invalid, unemployed and unemployable. He did not know what kinds of work he could do or learn to do, or how to go about getting a job. Without a means of livelihood, he began to lose his pride and became a neurotic individual, weighed down by defeatism. He was a burden on his family and the community.

There were in many cities places called rehabilitation centers, but their concern was with purely physical therapy. They gave whirlpool baths and massage and exercises to strengthen damaged bones, joints, muscles and nerves, but were neither staffed nor equipped to do the big job of rehabilitating the whole man, which we had described in the report of the President's Commission as "the restoration of the handicapped to the fullest physical, mental, social, vocational and economic usefulness of which they are capable."

The rehabilitation of heart patients had hardly been scratched, and they are particularly susceptible to this kind of help. A very important part of what disables a heart patient is psychological. He is uncertain about what the organ will stand. The doctor

tells him he mustn't overexert himself, mustn't climb stairs; so a job on the second floor of a walk-up building is out. Nobody points out that if the building has an elevator the patient can do a full eight hours of work five days a week on the twenty sixth floor It is easy enough to say that the patient *ought* to think of this himself but the typical heart patient has been scared out of his wits and is very prone to becoming what we call a "cardiac neurotic," centering his whole mind around his heart disability *He needs someone to get his thoughts away from* what he *can't* do, and start him thinking realistically in terms of what he *can* do.

The same is true of the person who has lost a limb or suf fered a crippling attack of polio. He centers his thoughts and emotions on the part that is missing or paralyzed, to the neglect of the parts that are still strong and healthy and can be made even stronger and healthier to compensate for what is lost.

Rehabilitation calls for a tremendous team effort. It ought to begin with the doctor at the moment when the patient first comes to him. He should plan his entire treatment with the patient's restoration to normal life in mind, and never let him start down the road to despondency Then, during the convalescence and afterwards, we need a physical therapist to minimize the crippling, and build up other muscles or other blood vessels or nerve channels to do the work of those that are out of action. We need clinical psychologists to cope with the patient's morale problems and find out what sorts of work he is mentally and physically adapted to. We need an occupational therapist to train him for a job, and then somebody to help him find and get the job. During this whole process we must constantly keep ourselves informed, through a variety of tests, as to just how much the patient really can undertake in safety

All of this requires a stupendous amount of apparatus— machines for muscle training special baths, diathermy electric equipment of various kinds, machine shops for fitting braces and prosthetic devices, not to mention the paraphernalia of ad ministration and offices for counseling and job-finding services.

Much of the credit for developing rehabilitation as a full-fledged branch of medical science belongs to a young doctor from St. Louis, Howard Rusk, a gifted writer and speaker as well as a sound medical man, who has been the missionary whose words have carried the light all over the world, and to Dr Donald Covalt, who worked with Rusk in the Army Air forces during the war and subsequently was our director of rehabilition matters at the V.A. The great rehabilitation center at Bellevue Hospital in New York is largely Howard Rusk's creation. His most famous case nowadays is Roy Campanella, the Brooklyn Dodgers catcher who got a broken neck in an automobile accident and was paralyzed from the cervical region down. Everybody has been thrilled by Campanella's story and maybe most of all by a photograph of him sitting up in a box at a World Series game, wearing the confident smile of a man who refuses to accept defeat. I think most people realize that, with all his courage, Roy Campanella would probably not be alive today if it hadn't been for the coordinated program of rehabilitation that was instituted the moment the ambulance brought him in.

My thought back then was that Chicago, the second largest city in the United States and one of the most industrialized, with a very heavy incidence of accidental injury cases, needed a complete rehabilitation center as soon as possible. Even before finishing my work on the President's Commission I had begun to take action on it.

The first person I went to was a man named Howard Hurwith. Howard had come to me during the depression with a bad back which I had been able to help. He was a businessman with some real estate and insurance interests and I had sent him what I thought was a fair bill. The next day he called me up and said, "Doctor you don't know what a surprise that bill of yours was to me."

"How was that?" I said.

"Well," he said, "as you know things haven't been going well in business. I've spent a number of sleepless nights worrying

that you were going to charge me more money than I could afford. But now I get your bill, and I say to myself, 'What does Magnuson think I am — a pauper? I'll tell you what I'd like to do. You have a number of charity patients. If you will just tell me about them, I will try to help with their expenses.'"

That is what he had done time and again down through the years, with absolutely no publicity. Few people realize there are such businessmen, who quietly do things like this.

I only had to outline my rehabilitation center idea once to him, and he sat down and wrote a check for $10,000 to employ a man to run things while we were getting organized. On top of that, he turned over to us and completely furnished a two-room suite in a building he owned. I found a young fellow named Harlan Lance who was willing to come into this thing as my administrator and there we were.

Then I began making the rounds. It was surprising how many doors opened to me and how quickly they opened. I wrote to the heads of a number of big corporations, like International Harvester, Standard Oil of Indiana, and Sears, Roebuck, some of whom I knew and some of whom I did not know. I have no doubt that the fact that I had practiced medicine in this city for forty years had something to do with my ability to get an audience with them, but I found out quickly that these fellows also knew about my work in the Veterans Administration and what I had been able to do for their employees who were veterans. I made it a rule to set my proposition forth in ten minutes, which these busy men appreciated.

One of them, General Robert Wood of Sears, Roebuck, I remember looked at me very sharply. "Are you going to run this thing?" he said.

I answered, "General, did you ever know of anything I was connected with that I didn't want to run all by myself?"

"On that basis," he said, "we'll give you twenty-five thousand, and maybe you'll get some more later." His company has given much, much more later.

The time came when we had $113,000 in the bank or pledged. A

and I thought I had better get me a Board of Directors and something more substantial to go on than my own name. I enlisted the help of John Evers, President of the Commonwealth Edison Company, and Kent Chandler, who was then Executive Vice President of the A. B. Dick Company. I prevailed on John McCaffrey, President of International Harvester, Max McGraw, President of McGraw Electric Company and Albert Peake, President of Standard Oil Company of Indiana, to give a luncheon at the Chicago Club to which sixty of the civic leaders of Chicago were invited, and at which I presented the Institute as an organization for the city of Chicago. From then on, the job of getting money for the Institute was more or less turned over to businessmen. It was true that I had raised quite a lot without any help, but I knew that if a thing like this is to get real support from industry, industry must know it is on a sound financial basis and is not being used for personal gain by any individual or group of individuals.

The time had come to find a building. I tramped over a good part of the near North Side, and at length found a building that had been used by a lawbook publishing company and had very strong floors to bear the weight of the presses. This was important, because we would need a large treatment tank and a lot of heavy machinery. Howard Hurwith had the building appraised, John Evers conducted most of the negotiations with the owners, and we settled on a price of $300,000.

We didn't have $300,000 in cash, or even enough to buy the building on a mortgage. I was going to Europe and couldn't raise any more just then. But I had decided that was the building we wanted and we'd better have it, so I instructed Harlan Lance to go over and see the owner, hand him a check for $25,000, and tell him I would get him the other $275,000 when I came back. Being a little hesitant to do that, Harlan told Evers what I had ordered. John swung into action, and so did others. Among all these fine people the contract was signed before I got home.

Our two largest donations were from women. One of these

scribes for our patients and sees to the fitting teaches young doctors the intricacies of this important work, and directs the intensive research which is carried on, at U S. government expense, in a specially equipped shop within the Institute.

We have one unique policy which has worked out remarkably well. After we have built an artificial limb for an amputee patient, adjusted it and made sure it fits him and will work for him, we deliver it to him—at the Institute. He is not allowed to wear it home until after he has come to the Institute every day for as long as is necessary taken special training under our therapists, and satisfied them that he knows how to use the limb and do a job of work with it. Then, and only then, does he get the limb as his own property This way we make sure that we have rehabilitated a man, not just sent out a cripple with an expensive prosthetic device strapped to him.

We don t stop there, either Once a man is fit to be employed he is taken over by a group of men whose work is an invaluable adjunct to the Institute s medical and therapy program. These men are employment managers of Chicago firms. They call themselves the "Just One Break" Committee, and of course the initials spell JOB. With their help, these patients of ours, who came in to us with little chance in the world, are now going out and earning as much as they ever earned before, and in some cases, more.

Although the fees we charge do take care of many of the operating costs, we have to rely on gifts to pay for building alterations, purchase of equipment and some of our work with charity cases. The contributors have been very generous indeed. I think, if more people knew about it, there would be almost no limit to the amount of support the Institute would receive. Even so, if it is to be of full service to the community it ought to have an endowment of between $2 million and $3 million, which would give it a regular income.

It is a wonderful thing to me, to see disabled people made able, to see them live happily by what they can do, rather than concentrating on what they can t do. The whole effort of our Rehabilitation Institute is to make a productive, tax-paying

happy unit out of a nonproductive tax-absorbing, unhappy unit. It was on this basis that I sold the Institute to the businessmen of Chicago. Of course that was the basis on which I myself undertook the program.

If we had more institutes of this kind, devoted to this ideal, maybe we could put a stop to some of the sob-sister stuff we get from the do-gooders and the bureaucrats who always want to step in and force the handicapped individual to accept federal or state or county or city support, which is not necessary when he can be taught to support himself Government support is not the way to create contentment. A human being is always much happier if he is contributing rather than being contributed to. If you ever had any doubt of the truth of that, you had only to walk into one of the Veterans hospitals before Bradley and Hawley and Harold Diehl and the rest of us moved in on that situation, and take a look at the once perfectly good fighting men lying in their beds, wasting away not from disease, but from sheer inanition, with no hope, no thought, no ambition in life except the next free meal or another game of checkers.

Sometimes when I see the way the world is going I get feeling pretty much like old Scrooge. I wonder whether all the work and sweat and concentrated energy a man turns out are worth it. And as I have always been very susceptible to weather, the farther the autumn progresses and the colder and darker it gets, the Scroogier I feel.

But then, along towards Christmas, cards start coming in from former patients of mine, and most of them have messages written inside in which the people tell me they are doing perfectly normal, average things like earning a living, going on a trip or raising a family In some instances, those are things they wouldn t be doing now if at one point in their lives they hadn t had a successful operation.

One of those holiday messages this year addressed to my wife Laura and me, came from a girl named Mary Ellen Langan, now Mrs. Leonard Stang of Fort Sheridan, Illinois. In her mes-

sage inside, she told us how much she and her husband were enjoying a trailer they had bought, and that now her husband was being transferred to Manila in his business, so she was going to have a new and fascinating adventure.

The first time I ever saw Mary Ellen I saw a lovely blonde curly headed child lying on her back in a bed in a ward in Passavant Hospital in Chicago, and it didn't look as though she would ever have a husband, or travel in a trailer or have any adventures. She was completely paralyzed by polio, from her shoulders down. Mary Ellen was then nine years old. The disease had struck the previous year She could not sit upright by her self Whenever her mother lifted her to a sitting position, her spine simply folded it had no muscles at all, so she had to be propped on both sides as well as in back to keep her from rolling over like an egg, only not so stiff

By that period of my life — it was 1932 and I had been a practicing surgeon for more than twenty years — I had long been out of the habit of saying prayers, but when I looked down at this child, smiling encouragement up at me, I prayed. I asked for some way of strengthening that little spine so it could carry the weight of her normal chest and shoulders.

It was quite a problem, because, although we could fuse the vertebrae of the lower half of her spine into a solid column of bone, it would not be strong enough. It needed to be braced somehow and braced inside her body But how? What could I use for supports?

I racked my brains over this. I drew on every bit of surgical information I possessed. I simply wasn't going to let that little girl down. This was one of the times when the solution to a thing that had puzzled me for days came to me in my sleep. I woke up one night with a plan for Mary Ellen all worked out in my mind. But what a plan it was, and what a strain it would place on the child's fortitude and patience!

For the supports, I would use her two fibulas, the long slender bones running down the outside of each leg from knee to ankle she had no use for them now with her legs paralyzed. First I

would open her back and fuse the vertebrae. In a few weeks, when she had recovered from that procedure, I would put her on the table again. I would open her two legs, disarticulate the fibulas at ankle and knee, and take them out. Then I would expose her spine, from the hips all the way up to the sixth thoracic vertebra. I would insert the two fibulas into the spine up under the ribs, one on each side, and anchor them there. Then I would lead the lower ends of the fibulas downward and outward to her hipbones and fasten them there. This would make her spine into a tripod, somewhat like a painter's easel, capable of holding up under considerable strains — provided it worked.

There was also the absolutely vital matter of timing. I had to wait for Mary Ellen's body to mature a little more. We fitted her with braces and waited four years. Luckily she was a good healthy youngster except for her paralysis, and she had a mother who was extraordinarily courageous, cheerful and understanding. When I told her what I had in mind and what it might mean, she said, "Go ahead, Doctor."

It was a terrible lot of surgery actually three operations spaced out over nearly a year but this thing finally came out so Mary Ellen could sit up and get around in a wheel chair, and that was a great boon. Eventually by using a trapeze arrangement, she could haul herself to her feet on her leg braces and swing herself along on crutches. Of course I did my part of it as well as I knew how but all the time I was very conscious that it was Mary Ellen herself, with her burning will to get well, who made it possible.

Ten years later when I was in Washington, Mary Ellen wrote to report that she had recently been graduated from the College of St. Francis in Joliet, and was teaching anatomy and other nursing subjects in a hospital in Watertown, N. Y. She had decided to come and see the capital of her country Could I borrow a wheelchair for her? Indeed I could.

On the second afternoon of her visit she came out to our house and hiked herself up our steps on her crutches. She had been to the Capitol, the Library of Congress, the National Gal-

lery even the top of the Washington Monument, and the Lord knows where else. She was radiant. She had a friend with her and the friend was radiant. Mary Ellen made anybody radiant to look at her

And that is the thing more than the technical aspects of the operation itself that stays with me most forcefully that child's perfectly tremendous courage and unbreakable cheerfulness throughout all of it. Make no mistake about it, she was in serious pain a good part of the time during that interminable series of operations, yet she was always optimistic, never cried about her lot as a matter of fact, instead of my having to encourage her she was the one who encouraged me to go ahead, not to lose faith that we could arrive at a successful outcome.

So I wrote to Mary Ellen at Christmas, telling her about the Scroogy feelings, and telling her that after her card came I didn't feel Scroogy any more.

And it's true, I didn't.

Of all the things that have helped make my life, in my own eyes, worth living what means most to me is having had patients like Mary Ellen. And like Sally Krahn and Gertrude Van Well, poor Jimmy O Connor from the stockyards, Ray Canopy and Mrs. K, who danced every New Year's Eve until the year she died and never forgot to let me know about it.

There is one thing about all these people they never whined or gave way to self pity even when they knew that what I was planning to do for them would subject them to terrible, protracted pain. They urged me on, and lifted me up when I was discouraged. They didn t lie back and expect their doctor to make them get well. They only asked him to use such skills and procedures as he had learned, such knowledge as he had acquired to help them get well. They would do the rest.

So, although I certainly owe a lot to a great many people who have played parts in my life, I am grateful most of all to my patients, who have taught me so much about courage, and about the most important thing in the world to me — the individual human spirit.